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ABSTRACT

As directed by the Florida State Legislature, the Postsecondary Education Commission examined Florida's needs in the area of nursing education. Following the executive summary, the introduction reviews the commission charge and activities. Major topics addressed include: the nursing profession (introduction, history, licensure, careers, and employment sites and salary structure); nursing education (nursing education history in the United States, accreditation, educational preparation and programs, male and minority representation, curricula, and articulation and career ladders); nursing programs in Florida (licensed practical nursing, registered nursing, graduate programs, minority representation); nursing manpower (national outlook and Florida outlook); and issues and recommendations (Florida nursing manpower needs, articulation and the career ladder, financial assistance, entry to practice, and minority representation). Among the 23 recommendations are the following: (1) at the undergraduate level in registered nursing (RN) education, the state should give priority to existing RN programs; (2) with the smaller pool of qualified applicants to nursing programs, caution should be exercised in selecting students in order to avoid raising students' expectations and investments in a course of study they may not be able to complete; and (3) to attract qualified individuals, colleges and universities should focus on developing alternative programs that provide quality preparation for registered nurse licensure. Three appendices list approved nursing programs in Florida, Florida Board of Nursing rules, and state and federal financial aid programs. 65 tables. (SM)

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Report and Recommendations of the Postsecondary Education Planning Commission

1988 - REPORT 5

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POSTSECONDARY EDUCATION PLANNING COMMISSION

NURSING EDUCATION
IN
FLORIDA

Prepared in Response to
Specific Appropriation 537
of the
1987 General Appropriations Act
(Chapter 87-98, Laws of Florida)

1988 - Report 5

February 25, 1988

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EXECUTIVE SUMMARY

The 1982 Legislature directed the Postsecondary Education Planning Commission to develop an outline for a comprehensive health professions education plan for the State of Florida. In its subsequent report the Commission recommended that a series of reports be prepared in the different health professions education areas including nursing, public health, dentistry, chiropractic education, medical education, allied health education, veterinary education, and pharmacy education. The first series of reports was finished and submitted to the Legislature in March, 1983. The 1987 Legislature directed the Commission "to begin a new cycle of the Comprehensive Health Professions Education Plan" with priority to be given to determining the needs of the State in the area of nursing.

At the August, 1987 Commission meeting, the Chairman of the Postsecondary Education Planning Commission appointed Commission members Dr. Michael Butler, Dr. Alan Fickett, and Mrs. Carolyn Wilson to serve on the Comprehensive Health Professions Education Committee. The Committee held public hearings in Tampa, Tallahassee, Orlando, and St. Augustine between November 1987 and February 1988 to discuss drafts of the Nursing Education study and to receive testimony. Various constituencies participated throughout the report preparation process. Testimony was offered by deans and directors of nursing programs at public and private postsecondary institutions, professional nursing associations, health industry organizations, public agencies, the governing and coordinating boards for Florida public higher education, and others. In preparing background materials, staff gathered and reviewed information on registered nursing and licensed practical nursing programs nationally and in the State's public and private colleges and universities and hospitals; interviewed deans and directors of several nursing programs in the State; interviewed staff at the Board of Regents, State Board of Community Colleges, and Division of Vocational, Adult, and Community Education; interviewed representatives of professional nursing associations, health industry organizations, and public agencies; and attended related conferences, meetings, and legislative hearings. The Committee had the benefit of information from recent surveys on Florida nursing personnel conducted by the Department of Health and Rehabilitative Services and the Florida Hospital Association. Periodic drafts of the study were widely disseminated to the above mentioned groups and other interested parties.

Nursing is a dynamic and complex profession with over 100,000 licensed active nurses in Florida. Nursing education has been the object of much scrutiny both from within and without in recent years. External groups have studied the profession and its accompanying levels of academic preparation as part of ongoing analyses of the health professions in general. Internally, nurses have become more active in the evaluation of their nursing practice, educational requirements, working conditions, image, and the future of the profession.

The complexities of nursing education are illustrated in the diverse academic preparations, types of licensure, employment sites, and positions. For example, academic preparation for the nursing profession ranges from one to eight years. Awards granted may be on the certificate, associate degree, diploma, baccalaureate degree, master's degree, or doctoral degree level. Students may study towards certification as nurse assistants, licensure as licensed practical nurses, or licensure as registered nurses. Nursing education programs for Florida students seeking preparation for licensed practical nursing are offered in 34 state-approved vocational/technical centers, public community/junior colleges, and independent hospital facilities. Educational programs for registered nursing are available in 40 state-approved public and private colleges and universities and one hospital. In addition to various options for nursing education, there is diversity in employment sites and position types. Licensed nurses work in hospitals and community settings, independent practice, student health services, education, practitioners' offices, business, and industry.

A number of issues emerged during the Commission's study of nursing education in Florida. Foremost among the Commission's concerns is nursing manpower. Current data show that there is an unmet demand for nurses in Florida, especially registered nurses, while the supply of nurses is declining. Indications are that these supply and demand trends will continue, creating an even greater unmet need by the turn of the century. Information also suggests there are specific unmet needs for nurses in selected specialty areas and for nurses with higher academic preparations. Programs leading to RN licensure are widely available in the State through public and independent institutions. Discussions with and testimony provided by nursing deans and directors reveal that many programs are not filled to capacity despite intensive recruiting by most institutions. There is little indication that qualified students seeking entry to nursing programs are being denied access due to lack of space. Furthermore, to maintain enrollments, many programs are having to dip deeper into the applicant pool, resulting in matriculation of less qualified students, need for more remediation, and higher attrition rates. The problem of undersupply will not be addressed through increasing the number of programs. The major issue confronting the State is expansion of the pool of academically qualified students interested in enrolling in RN programs and preparation for the increasing numbers of RNs with diploma and associate degrees desiring to complete the baccalaureate degree.

A second issue identified by the Commission is articulation and the career ladder for nurses. The State has made considerable progress in providing movement through educational programs at different levels and improving upward mobility of nurses. At the State level, the Nursing Coordination Task Force and the Statewide Course Numbering System have both contributed to nursing articulation. On the local level, public and independent institutions have collaborated to design and implement individual articulation agreements for their specific needs. Many institutions are increasing their efforts to facilitate the entry of diploma and associate degree registered nurses into baccalaureate degree programs and of licensed practical nurses into associate degree programs. Yet, many nursing students and practitioners are discouraged from entering higher education nursing programs when past experience and education are not fully recognized and credited toward advanced degrees.

The adequacy of financial aid for nursing students is also of concern to the Commission. The relationship between limited financial resources and decreasing numbers of nursing enrollees and graduations has not been documented. Nor is it apparent that nursing students experience greater financial hardship than students in other academic areas. Financial support is available to Florida nursing students in both public and private institutions from a variety of sources, yet educators have testified that economic pressures force students to withdraw from nursing programs, prolong total time to degree completion, or discourage individuals from initiating college study. Although the financial aid issue remains unresolved, the high level of concern expressed by educators accentuate the importance of maintaining adequate information bases and informing students of available financial support.

The entry to practice issue is a fourth area addressed by the Commission. The issue has been heatedly discussed nationally and locally. Nonetheless, the topic has created far less controversy recently in Florida. In general, Florida health care organizations as well as nurses with varying academic preparations and types of licensure have jointly reaffirmed the continued recognition of diploma, associate degree, and baccalaureate degrees as credentials for entry to registered nursing practice.

Finally, a recurring Commission concern centers on minority participation in higher education. The participation of males, blacks, and Hispanics in nursing education continues to be low in comparison to their proportional representation in the State's population. Males and blacks, in particular, have shown only small gains in enrollments and degrees awarded. Conversely, Hispanics have registered larger increases, especially in the number of degrees completed from diploma and baccalaureate programs. Minority representation in associate degree programs has diminished, as enrollments and number of degrees granted have declined for both males and blacks; enrollments among Hispanics in the two-year institutions have stabilized but the number of degrees awarded has declined. Additional efforts are needed at both State and institutional levels to address the inequities in the participation of racial/ethnic groups and males in nursing education.

The Commission submits the following recommendations to address the issues identified in this study:

Recommendations:

1. **At the undergraduate level in registered nursing education, the State should give priority to existing RN programs. No new registered nurse programs should be established unless there is strong evidence of unmet student demand.**

2. **With the smaller pool of qualified applicants to nursing programs, caution should be exercised in selecting students in order to avoid raising students' expectations and investments in a course of study they may not be able to complete.**

3. **The Commission reaffirms the fundamental roles of both the associate degree and basic baccalaureate nursing programs in providing quality preparation for registered nurse licensure.**

4. To attract qualified individuals, colleges and universities should focus on developing alternative programs that provide quality preparation for registered nurse licensure.

5. Since the LPN population is a valuable pool of prospective registered nurses, institutions housing associate degree nursing programs and basic baccalaureate programs should strengthen collaborative efforts with licensed practical nursing programs to enhance the upward mobility of LPNs.

6. Nurse educators, in collaboration with health care agencies and professional associations, should accentuate recruitment strategies to attract individuals from nontraditional sources such as returning homemakers, persons seeking a career change, members of minority groups, and persons with academic degrees in other disciplines.

7. The Commission commends efforts by professional organizations and individual institutions to address the areas of nurse recruitment and retention. The Health Job Fair initiative should be monitored, and, if successful, be the first of a series of annual conventions designed to increase the supply of nurses in the State.

8. The Commission on the Future of Nursing should be recognized by representatives of public agencies, the health care industry, nurse educators, and professional nursing groups as a nucleus for the statewide coordination of initiatives concerning current and emerging nursing issues.

9. Health care associations, agencies and professional nursing associations in Florida should collaborate on a major campaign to help raise the level of respect accorded the profession, to promote recognition for education and experience, to improve salaries, and to promote optimal working conditions of nurses.

10. More nursing programs throughout the State, in coordination with area hospitals, should organize Refresher Programs. The Florida Department of Health and Rehabilitative Services, the Florida Nurses Association, and the Florida Hospital Association should collaborate with sponsors of these programs to disseminate information so that announcements on program availability reach targeted groups.

11. RN-to-BSN programs should be accessible to registered nurses in the State. Individual institutions, in considering approval or continuation of RN-to-BSN programs, should require that the programs be offered at sites and at times convenient to the schedules of employed RNs. The Board of Regents should continue to use the program review process to monitor compliance with program flexibility in the public sector to meet students' needs.

12. Existing graduate programs are sufficient to supply nurses with advanced preparation for the immediate future. The supply of and demand for master's and doctoral nurses should continue to be carefully monitored, however, to assure that future needs are addressed.

13. Should need be substantiated for increasing the supply of graduate level prepared nurses through formal educational programs, primary consideration should be given to expanding existing programs and to increasing contracted spaces with independent institutions rather than to establishing new programs.

14. A needs assessment should be carried out by the Florida Department of Health and Rehabilitative Services in conjunction with the Florida Hospital Association, educators, home health care groups, and other employers to determine the specialty areas most in demand by employers of graduate nurses.

15. The Nursing Subcommittee of the Articulation Coordinating Committee should be reconvened to assess both existing statewide and institutional articulation agreements, identify problem areas experienced by students in the articulation process, and assist institutions in developing more satisfactory articulation agreements.

16. Nursing programs at the associate degree level should carefully plan curriculum in order to enhance articulation of coursework into baccalaureate programs.

17. Faculty in baccalaureate programs should continue to be sensitive to the special needs and backgrounds of returning RNs as transitional programs are designed and reviewed. Particular attention should be given to developing non-traditional programs designed to accommodate the working nurse.

18. The Florida Center for Career Development, through the CHOICES system, should continue to expand its database on financial aid and career information for nursing students.

19. The Legislature should fund the Medical Education Tuition Reimbursement Program at the level requested by the Department of Health and Rehabilitative Services. Postsecondary institutions and health care agencies and organizations should promote awareness of the Medical Education Tuition Reimbursement Program both to attract individuals into nursing from underserved areas and to provide economic assistance to students.

20. Existing educational requirements for state licensure of licensed practical nurses and registered nurses should remain unchanged.

21. Nursing programs in the State should reexamine their recruiting and retention procedures to identify patterns that are detrimental to the success of male and racial/ethnic minorities in nursing education.

22. Nursing programs are encouraged to intensify recruitment at the high school level and to utilize funding sources such as College Reach-Out to aid in identifying, recruiting, and retaining prospective minority nursing students.

23. The Board of Regents, the State Board of Community Colleges, and the Division of Vocational, Adult, and Community Education should closely monitor the participation of males, blacks, and Hispanics in nursing education in order to provide financial and human resource support that will remove obstacles, be they academic or social, to minority representation.

I. INTRODUCTION

A. Commission Charge

The 1982 Legislature directed the Postsecondary Education Planning Commission to develop an outline for a comprehensive health professions education plan for the State of Florida. In its subsequent report the Commission recommended that a series of reports be prepared in the different health professions education areas including nursing, public health, dentistry, chiropractic education, medical education, allied health education, veterinary education, and pharmacy education. The first series of reports was finished and submitted to the Legislature in March, 1983.

The 1987 Legislature directed the Commission "to begin a new cycle of the Comprehensive Health Professions Education Plan" with priority to be given to determining the needs of the State in the area of nursing. This report is due no later than March 1, 1988.

B. Commission Activities

At the August, 1987 Commission meeting, the Chairman of the Postsecondary Education Planning Commission appointed Commission members Dr. Michael Butler, Dr. Alan Fickett, and Mrs. Carolyn Wilson to serve on the Comprehensive Health Professions Education Committee. The Committee held public hearings in Tampa, Tallahassee, Orlando, and St. Augustine between November 1987 and February 1988 to discuss drafts of the Nursing Education study and to receive testimony. Various constituencies participated throughout the report preparation process. Testimony was offered by deans and directors of nursing programs at public and private postsecondary institutions, professional nursing associations, health industry organizations, public agencies, the governing and coordinating boards for Florida public higher education, and others. In preparing background materials, staff gathered and reviewed information on registered nursing and licensed practical nursing programs nationally and in the State's public and private colleges and universities and hospitals; interviewed deans and directors of several nursing programs in the State; interviewed staff at the Board of Regents, State Board of Community Colleges, and Division of Vocational, Adult, and Community Education; interviewed representatives of professional nursing associations, health industry organizations, and public agencies; and attended related conferences, meetings, and legislative hearings. The Committee had the benefit of information from recent surveys on Florida nursing personnel conducted by the Department of Health and Rehabilitative Services and the Florida Hospital Association. Periodic drafts of the study were widely disseminated to the above mentioned groups and other interested parties.

II. NURSING PROFESSION

A. Introduction

The nursing profession has been the object of much scrutiny both from within and without in recent years. External groups, including federal and state agencies have studied the profession as part of ongoing analyses of the health professions in general. Internally, nurse professionals have become more active on a number of levels in a move to evaluate their nursing practice, education requirements, working conditions, image, and the future of nursing.

As the following sections illustrate, nursing is a dynamic profession subject to many of the same socio-political, technological, and economic forces operating on all health professions. A major influence has been exerted on current nursing conditions and manpower by the Social Security Amendments of 1983 which changed the way Medicaid, Medicare, and health insurance carriers determine hospital reimbursements for inpatient care. Under the new prospective payment system, federal government and private sector payment policies have created a "quicker and sicker" patient entry-exit pattern. Within the hospital setting, higher patient acuity requires a higher nurse-to-patient ratio, placing additional demands on nursing staffs already diminished by a reduced supply of nurses.

An additional influence on the nursing profession has been the move by women to other career opportunities. Economically, unsatisfactory wages and benefits discourage nurses from entering or continuing in the profession. Salary compression coupled with few and small average salary increases have had a negative impact on the overall nursing population. As a result, fewer men and women are selecting the nursing profession in preference for business, engineering, science, and other health professions such as medicine and pharmacy. A second factor that may have negative repercussions on enrollment and retention of nurses is concern over transmittable diseases. Health professionals mention AIDS as a deterrent for prospective students and as a cause for career change among practitioners. For various reasons, many of those in the nursing profession are opting for more advanced degrees that take them into administration and research; others elect a shift to alternate employment sites. Community nursing, consulting firms, corporate wellness programs, and areas outside the health care industry have attracted increasing numbers of registered nurses.

Finally, the increasing diversity in the population creates more and different demands for nurses. Florida's population has increased by 300 percent since 1950 -- from 2.8 million to 11.3 million. Nationally, the proportion and number of persons 65 years and older has grown and will continue to grow more rapidly than other age groups, and over half of the elderly live in just eight states, Florida among them. In 1984, Florida had the largest proportion of residents age 65-plus (17.6 percent). These demographic factors increase the need for nurses, especially those skilled in gerontology and geriatrics. Also, growing numbers of members of other racial and ethnic groups have made Florida their home, augmenting the demand for nurses trained to work with a culturally and linguistically diverse clientele.

In addition to these external influences, the nursing profession is experiencing dissension and self-analysis. Enrollment declines in nursing programs, nursing shortages in work sites, increasing pressures in the health care industry, and dissatisfaction with the profession's image have all contributed to the current situation in nursing. Professionals at all levels acknowledge the urgency of responding to and attempting to resolve some of the pressing issues identified in this study.

B. History

The history of nursing extends to the very earliest of times, and condensing those centuries into a few paragraphs permits only a brief overview of events and movements leading to modern nursing. Connotations of the words "nurse" and "nursing" have varied according to evolving needs and attitudes of the communities in which nurses have worked.

The nurse has most often been associated with the image of "mother" and "femininity." Thus, during the period of 1 to 500 A.D., when the function of the nurse was clearly expanding to include the care of unrelated people, the idea of a single woman's right to acquire a position of usefulness and responsibility began to surface. Also, a social dimension was acquired as care of the sick gradually extended to care of the community -- the poor, diseased, helpless. This role eventually differentiated into two roles: that of the nurse (care of the sick) and that of the trained social worker.

Religion and ideals of chivalry, patriotism, democracy, and humanitarian efforts strongly influenced the nursing function prior to the 19th Century. By the 19th Century, nursing had become weighed down by circumstances such as filth, bribery, low wages, and long hours. The public, including doctors, clergy, and philanthropic citizens, became increasingly concerned and urged the establishment of new nursing systems.

The birth of organized nursing and the training of nurses is credited to the Deaconess Institute in Germany in 1836 and to Florence Nightingale. The incorporation of nurses' training into hospitals made possible the further differentiation of the nurse from the social worker and from the doctor, and eventually that of specialized nursing from general nursing. By 1900, nursing was perceived by many as an area in which women could achieve independence and demonstrate their intelligence, capabilities, and value as respectable citizens apart from inherited social standing.

The settlement house movement of the 1800s, exemplified by Hull House of Chicago, and the initiation of YMCA, YWCA, and Salvation Army activities, provided a structured role for nurses in the community. Federal and state assistance to mothers in welfare and hygiene programs in the early 1900s played a role in securing a place for nurses as public health professionals.

By the beginning of the Twentieth Century, nursing associations had formed, calling for state licensing of nurses. The first nursing journals had been published, establishing the start of a body of knowledge based on western methods of research.

The middle 20th Century has brought medical, technological, and social advances which highlight the role of the nurse as a professionally-trained specialist, well educated and assuming greater responsibilities than ever before. Whereas several hundred years ago a nurse was not allowed to dispense medication or to take a patient's temperature, today nurses may set up private practice and make nursing diagnoses. They may provide primary care in intensive care units and birthing centers, manage clinics, conduct research, and teach as professors.

The changing roles of men and women during recent decades have affected the nursing profession. While nursing has been associated throughout the last several centuries with women, it attracted the participation of men during earlier times and for a brief period when nursing was considered as a form of humanitarian work. During the 1970s and 1980s, the number of men entering the field has again increased.

Nursing has clearly evolved into a profession characterized by diversity in function and responsibility. Historically, the profession has deep roots, although many of its achievements toward professional status came about during the last century. The remainder of this chapter looks more closely at aspects of nursing that relate to the profession as a whole.

C. Licensure

Licensure as a registered or a licensed practical nurse is a prerequisite to practice in the nursing profession in all fifty states. Three types of formal educational programs -- diploma, associate, and baccalaureate -- prepare individuals for entry into registered nursing. Preparation for licensure as a practical nurse is through a certificate or a diploma. Licensure for nursing practice is dependent on both educational credentials and test of competency as a registered nurse (RN) or a licensed practical/vocational nurse (LPN).

Applicants for licensure in Florida must have graduated from a state-approved program. Licensure is obtained by written examination or by endorsement from another state. An applicant for licensure by examination must apply for certification to take the National Council Licensure Examination (NCLEX) and must pass the test for registered nurses or practical nurses. NCLEX examinations for RNs and LPNs are written tests on which candidates must achieve a minimum number of points on the total exam in order to pass. The examinations cover Medical Nursing, Surgical Nursing, Obstetrical Nursing, and Nursing of Children. In addition, the registered nurse exam includes Psychiatric Nursing. Applicants who do not successfully complete the NCLEX may retake the test.

Licensure by endorsement requires proof of licensure in another state and proof of requirements met at the time the licensure was issued. The Board of Nursing determines whether endorsement is granted. Applicants for licensure by endorsement holding current licensure in another state may practice in Florida for sixty days after providing documentation to the employer.

Table 1 details the awarding of new registered nurse and licensed practical nurse licenses in Florida during the past five years. For registered nurses, both the total number of licenses awarded and the distribution between licensure by endorsement and by examination remained constant over this period until 1986-87 when licenses through endorsement dropped by almost 50 percent. Licensure by examination figures have been quite stable over the five-year period.

According to Table 1, granting of new LPN licenses has declined from 4,664 in 1982-83 to 3,500 in 1986-87. A steady decline has occurred in licensure by examination in the five-year period.

TABLE 1

NEW LICENSES AWARDED IN FLORIDA TO REGISTERED NURSES AND LICENSED PRACTICAL NURSES 1982-83 TO 1986-87

	RNs			LPNs		
Year	Total	Endorsement	Exam	Total	Endorsement	Exam
1982-83	9,514	5,914	3,600	4,664	1,857	2,807
1983-84	9,508	5,761	3,747	4,563	1,791	2,772
1984-85	9,008	5,291	3,717	4,090	1,705	2,385
1985-86	9,339	5,679	3,660	4,002	1,831	2,171
1986-87	6,278	2,654	3,624	3,500	1,740	1,760

SOURCE: Florida Board of Nursing, 1987.

The Florida Board of Nursing's 1987 study on mandatory continuing education reports that there were 833 Board approved continuing education providers in 1985. Hospitals, independent, and paramedical groups, the three largest groups of providers, accounted for over 70 percent of all providers. Other providers include community colleges, universities, and vocational schools (See Table 2). In addition to accumulating continuing education units through approved providers, credit can be obtained from individually approved programs, independent projects, formal academic courses, home study, and other individualized options approved in advance by the Board of Nursing.

TABLE 2

BOARD OF NURSING APPROVED CONTINUING EDUCATION PROVIDERS 1985

Type of Provider	Number
Hospital	250
Independent	201
Paramedical	141
Nursing Association	64
Home Health Agency	52
Community College	26
Public Health	30
University	18
Vocational School	17
Nursing Home	35
TOTAL	833

SOURCE: Florida State Board of Nursing, Florida Nurses and Mandatory Continuing Education (1983-1985), March 1987.

Florida nurses appear to be satisfied with provision of continuing education opportunities. Approximately 93 percent of the registered nurses in the State responding to the Department of Health and Rehabilitative Services survey in 1987 indicated that continuing education courses were very or moderately useful, readily available or within reasonable travel times and applicable to their nursing practice. Close to 83 percent felt that course cost, if any, was reasonable, while 90 percent judged the quality as good to excellent.

In addition to licensed practical nurses and registered nurses, there are a number of nursing assistants in the State. Certification of nurse assistants was mandated by the Legislature and became effective in November, 1983, and more than 70,000 nursing assistant certificates have been issued in the State. In 1987, there were 151 nursing assistant programs in Florida approved by the Department of Education.

D. Careers

Nursing careers can be described in terms of licensure as well as academic preparation. The range of skills and depth of theoretical knowledge required by nurses depend to a large degree on the position held and level of academic preparation achieved.

Nursing assistants, also known as hospital attendants, auxiliary nursing workers, geriatric aides, psychiatric aides, or counselors and home health aides, provide care to patients in institutions or in the home under the direction of a registered nurse.

Licensed practical nurses work under the direction of a physician, dentist, or RN, providing routine technical care and are responsible for delivering routine bedside care. Among **registered nurses**, the duties of associate degree prepared nurses revolve around direct client care in structured settings; their practice is defined by the roles of the care provider, client teacher, communicator, manager of client care, and member within the profession of nursing. Baccalaureate RNs work with physicians and other health team members to plan and provide patient care as well as to evaluate its effectiveness. They may be administrators, technical experts, teachers, or specialists. In general practice, they perform a broad spectrum of patient care duties in hospital units and in departments of nursing service.

Graduate programs are generally the sources for new leaders as well as for teachers and those with advanced clinical skills who provide the management structure and the guidance necessary to the practice of nursing. Nurses in administrative leadership positions hold such titles as Director of Nursing Education in a hospital or university school of nursing, Primary Nurse in charge of a hospital unit, or Director of Nursing Services. Nurses in middle and executive management assess the clinical environment, manage people, and integrate clinical and organizational decision-making. Recently, financial management and ethical decision-making components have been added to the training programs of these nurses. Clinical specialists are considered leaders, serving as models in providing expert care. Leaders can also be teachers in formal educational programs or researchers investigating theory or care phenomena.

Nurses with post-baccalaureate preparation may be certified as **advanced registered nurse practitioners (ARNPs)**. They fulfill an expanded nursing role in various settings, and their functions include a wide range of primary care activities. ARNPs are authorized to perform acts of medical diagnosis, treatment, prescription, and operation. Although their scope is broad as facilitators between patients and the health care system, these nurses may focus in an area such as children, family, the elderly, or women's health.

Clinical nurse specialists (CNSs) and **Nurse clinicians** (NCs), as experts in clinical nursing practice, should also be prepared at the master's level. Of those who are not, many have developed their expertise on the job, through continuing education, or through independent study. In clinical practice, management, and teaching, CNSs and NCs practice in varied settings and positions. Qualifications and job specifications are not consistently defined due to changing market signals and constantly evolving needs for practice. Growing technological complexity has increased dependence on and collaboration with CNSs and NCs in staff development and direct teaching; those in management roles provide administrative and professional authority while retaining clinical expertise within the institutional setting. Nurses who fulfill roles at an advanced level may conduct physical assessment, health promotion, prevention of disease, and nursing management of disease.

In the hospital setting, nurses with master's and doctoral degrees usually occupy specialists positions in areas such as medical/surgical, anesthetics, pediatrics, obstetrical, psychiatric, geriatric, cardiovascular, critical care, and oncological nursing. They may serve as coordinators for patient-relations or utilization review. In settings other than hospitals, nurses practice as visiting nurses, private duty nurses, and in international posts. Within the public health domain, the range of settings includes prisons, schools, health promotion and outreach centers, medical or surgical offices, and occupational or industrial sites.

Nurses with advanced degrees may elect nursing education as a career. While nurses teaching in practical nursing programs may have a minimum of a bachelor's degree, those in associate degree and diploma programs usually hold master's degrees, and faculty in bachelor's, master's and doctoral level programs are generally required to have earned at least a master's degree.

Nurses of the future will face a myriad of challenges. The U.S. Department of Labor, Bureau of Labor Statistics, projects that population growth, especially in the number of older people, will increase the demand for health care. By the year 2000, it is anticipated that more than 250,000 working nurses will be needed nationally in nursing homes and a similar number in community programs. The Bureau of Labor Statistics forecasts that the occupation of registered nurse, because of its size and anticipated rapid growth, will be among those providing the most new jobs through the mid-1990's. Opportunities for nursing aides and licensed practical nurses will be available in nursing homes and home-health agencies as long-term health care becomes a major concern of the aging population. Subspecialty areas will emerge in importance as well. These may be in laser surgery, women's health, emergency tertiary crisis centers, patient-family-health care system liaison services, visual communications within disease prevention and family contact efforts, computerized self-help programs and patient education and assessment, care coordination, and a combination of management, administration, and clinical practice.

E. Employment Sites and Salary Structure

The sociological, political, and economic forces that have influenced the nursing profession in general and the education of nurses in particular have had notable impact on employment sites and salaries. The shift to out-of-hospital care has created increased employment needs in ambulatory services and delivery settings such as hospices and HMOs. Also, as the clients in nursing homes and extended care facilities are characterized by more chronic health problems, are older, and have fewer resources, new demands are placed on the nurse in the community-based programs to provide quality service. Community health nurses and home care nurses are working with higher acuity levels and technological aids once found only in hospital care. At the same time, clients in hospital settings need more care of greater intensity.

In addition to work sites within hospital and community/public health settings, nurses are found in such areas as independent practice, student health services, education, practitioners' offices, and business. In a 1984 sample survey, the U.S. Department of Health and Human Services found that the principal employment setting for all employed nurses was the hospital. (See Table 3). Table 3 reveals that among employed registered nurses, 68 percent were working in hospitals. In a comparable 1980 survey of the 1,272,851 RNs, 835,646 or 65.6 percent listed the hospital as the principal employment setting. Registered nurses with associate degrees were highly represented in hospitals, with 77 percent of all employed RNs with associate degrees employed in hospitals compared with 68 percent of all employed nurses.

TABLE 3

EMPLOYMENT SETTING OF PRIMARY POSITIONS OF REGISTERED NURSES EMPLOYED IN NURSING NOVEMBER, 1984

Number in Employment Setting	Estimated Sample	Number	Percent
TOTAL	25,294	1,485,725	100.0
Hospital	17,101	1,011,955	68.1
Nursing home/extended care facility	1,984	115,077	7.7
Nursing education	760	40,311	2.7
Community/public health	1,787	101,430	6.8
Student Health Service	701	43,144	2.9
Occupational Health	379	22,890	1.5
Ambulatory Care Setting	1,715	97,374	6.6
Private Duty Nursing	331	22,675	1.5
Other Self-Employed	161	9,214	.6
Other	370	21,450	1.4
Not Known	4	207	--

Note: Estimated number and percent does not add to total due to rounding.

SOURCE: U.S. Department of Health and Human Services, 1984.

The representation of nurses in other employment sites also varies by type of licensure. Of the registered nurses employed in 1984, 14.5 percent were in nursing home and public/community health settings. Among licensed practical nurses, approximately 58 percent were in the hospital setting. (See Table 4.) Almost two-thirds of employed LPNs in 1983 held positions as staff nurses, with an additional one-fifth as charge nurses.

The distribution of employed nurses in Florida closely parallels the national configuration. Table 5, from the 1985 and 1987 Health and Rehabilitative Services nursing studies, shows that 65.6 percent of employed registered nurses in the state were located in hospitals in 1987. In other employment settings, 5.5 percent of employed registered nurses were working in nursing homes. Compared with 1981, the proportion of nurses choosing to work in home health agencies has doubled while smaller percentages are selecting employment in hospitals and as private duty nurses.

TABLE 4

FIELD OF EMPLOYMENT AND TYPE OF POSITION OF EMPLOYED LICENSED PRACTICAL NURSES NOVEMBER, 1983

Field of Employment	Total[1]	Percentage	Charge Nurse	Private Duty Nurse	Staff Nurse	All Others
Total licensed practical nurses employed in nursing	539,463	100.0	103,425	22,797	351,697	61,545
Hospital	310,842	57.6	15,863	1,597	274,520	18,864
Nursing Home	121,398	22.5	78,315	1,210	36,138	5,735
Public/Community Health	13,574	2.5	2,022	834	7,706	3,011
Student Health	4,200	0.8	215	---	2,516	1,469
Occupational Health	6,056	0.1	874	312	2,941	1,928
Physicians or Dentists Office	48,969	9.1	5,043	45	23,829	20,052
Private Duty	19,959	3.7	260	18,175	703	819
Other	6,237	1.1	721	501	3,074	1,941
Not Known	8,229	1.5	112	122	271	7,724

[1] Individual items may not add to totals because of rounding.

SOURCE: U.S. Department of Health and Human Services, Division of Nursing, First National Sample Survey of Licensed Practical and Vocational Nurses, 1983.

TABLE 5

DISTRIBUTION OF FLORIDA'S REGISTERED NURSES BY REPORTED WORK SETTING 1981, 1983, 1985 AND 1987

	1981		1985		1987	
Work Setting	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Hospital	32,900	67.1	40,835	66.2	44,659	65.6
Office Nurse	2,831	5.8	3,055	5.0	3,845	5.7
Nursing Home	2,644	5.4	3,538	5.7	3,714	5.5
Private Duty	1,579	3.2	1,276	2.1	1,260	1.8
Home Health Agency	1,536	3.1	3,050	5.0	4,120	6.1
Community Health	1,489	3.0	1,572	2.6	1,187	1.7
School Nurse	459	0.9	307	0.5	581	0.9
Self-employed	234	0.5	309	0.5	1,015	1.5
Other**	6,031	12.3	6,884	11.2	5,632	8.3
Business/Industry	*	*	882	1.4	2,015	3.0
Total Responses	49,046		61,708		68,028	

* Response not available on questionnaire for that year.
** Other category is not necessarily comparable across all years.

SOURCE: Department of Health and Rehabilitative Services, 1985 and 1987.

The distribution of RNs by highest degree earned and work site is illustrated in Table 6. Hospitals, the largest employment site, employed diploma and baccalaureate RNs almost proportionally, with 28.6 percent of the RNs holding diploma degrees and 26.7 percent with baccalaureate degrees. A greater percentage of hospital RNs, however, hold the associate degree (39 percent). The second largest employer, home health agencies, utilized diploma and associate degree RNs almost equally at approximately 35 percent; 23 percent of the RNs in home health agencies had baccalaureate degrees. Nursing homes rely more heavily on diploma nurses (51 percent) and less on baccalaureate RNs (17 percent). Physicians' offices also utilize diploma and associate degree RNs to a much greater extent than baccalaureate RNs.

TABLE 6

EMPLOYMENT OF FLORIDA REGISTERED NURSES BY SELECTED WORK SITES AND BY ACADEMIC PREPARATION 1987

			Academic	Preparation			
Work	**RNs Employed**	**Diploma**	**ADN**	**BSN**	**MSN**	**PhD**	**No Response**
Hospitals	44,659	28.6%	39.0%	26.7%	3.8%	.2%	1.8%
Nursing Homes	3,714	51.0%	25.3%	17.3%	3.4%	.4%	2.7%
Home Health	4,120	35.9%	34.6%	23.4%	4.1%	.3%	1.7%
Physician's Office	3,845	41.7%	33.5%	20.4%	3.0%	.1%	1.3%

SOURCE: Department of Health and Rehabilitative Services, 1987 (unpublished raw data).

Table 7 illustrates primary employment sites in 1985 among Florida LPNs. Slightly more than 50 percent were located in hospital settings while 19 percent were in nursing homes. Among respondents, 11 percent indicated that within the previous two years they had experienced involuntary unemployment due to staff reduction. The HRS report suggests that this percentage rate may be high for Florida considering the high economic growth rate for the State in this decade.

TABLE 7

DISTRIBUTION OF FLORIDA'S LICENSED PRACTICAL NURSES BY WORK SETTING, 1985

Work Setting	Frequency	Percent
Hospital	10,966	50.49%
Nursing Home	4,197	19.32%
Home Health Agency	757	3.49%
Patient's Home	1,464	6.74%
Ambulatory Clinic	388	1.79%
School	46	0.21%
Nursing Education-Inservice	11	0.05%
Nursing Education-School	46	0.21%
Doctor's Office	2,082	9.59%
Business/Industry/Occupation	142	0.65%
Public Health Department	120	0.55%
Other	1,502	6.91%
Total	21,721	100.0%

SOURCE: Florida Department of Health and Rehabilitative Services, 1986.

The salary level in nursing is dependent on many variables, including geographic location, employment site, academic preparation, and experience. Low salaries and inadequate increases for nurses in general in recent years have become major concerns in the profession and are cited as primary factors in the inability to attract new people to the profession. In a recent longitudinal study of nursing wages, Dr. Charles Link at the University of Delaware found that between 1960 and 1984 the academic preparation of associate degrees and diploma degrees had little impact on salary. Both baccalaureate and master's prepared nurses, however, received more substantial returns. He also found that returns for experience were limited; the change in hourly wages resulting from additional years of experience was $.15 with one year of experience and $.05 with 20 years of experience. For example, during the first five years a nurse earns approximately $300 more annually for each year of experience; this decreases to $100 annually with 20 years of experience.

In 1984, as Table 7 shows, the average annual earnings of a full-time employed nurse nationally was $23,505, an increase of 35 percent over the average of $17,398 in 1980. Average earnings, however, varied according to specialization (e.g., medical/surgical, intensive care unit/coronary care unit, geriatrics, maternal/infant) and type of position (e.g., charge nurse, private duty nurse, and staff nurse). To illustrate salary variations in

1984, a hospital staff nurse averaged $22,394, a nursing home staff nurse averaged $18,220, and an ambulatory care setting staff nurse averaged $18,032.

The influence of academic preparation is not uniform among nurses in similar positions. As Table 8 indicates, the range for a staff nurse is from $21,298 for associate degree holders to $24,391 for master's degree holders. Between an associate degree and diploma the difference is $216, between an associate and baccalaureate degree it is $956, and between a baccalaureate and a master's the difference is $2,137. The total salary differential annually between staff nurses with an associate degree and those with a master's degree is $3,093.

TABLE 8

AVERAGE ANNUAL EARNINGS OF REGISTERED NURSES EMPLOYED FULL-TIME, BY TYPE OF POSITION AND HIGHEST EDUCATIONAL PREPARATION: NOVEMBER 1984

		Highest Educational Preparation				
TYPE OF POSITION	TOTAL[1]	Diploma	Associate Degree	Baccalaureate	Master's	Doctorate
TOTAL	$23,505	$22,963	$22,129	$23,995	$28,763	$35,743
Administrator or Assistant	29,164	26,553	23,738	29,331	36,497	--
Consultant	25,922	24,135	(2)	24,941	26,989	(2)
Supervisor or Assistant	24,914	24,089	23,677	26,689	28,251	--
Instructor	24,759	23,440	22,014	23,882	25,483	30,812
Head Nurse or Assistant	25,168	24,730	24,256	25,907	30,074	--
Staff Nurse	21,704	21,514	21,298	22,254	24,391	--
Nurse Practitioner/Midwife	25,975	25,656	23,082	26,942	26,576	--
Clinical Nurse Specialist	25,815	23,090	23,205	25,579	28,668	23,250
Nurse Clinician	24,283	24,282	23,512	24,254	(2)	--
Certified Nurse Anesthetist	37,991	37,481	39,696	37,776	(2)	--
Private Duty Nurse	21,585	21,403	(2)	(2)	(2)	--
Other	24,836	24,051	23,441	25,272	28,668	(2)

[1] Includes all registered nurses in positions not separately identified as well as those itemized separately.

[2] Too few to compute average.

SOURCE: U.S. Department of Health and Human Services, June 1986.

Florida salary data available from the Department of Health and Rehabilitative Services' 1985 study of licensed nurses show that the average annual salary of registered nurses was $23,071, very close to the national average in November 1984 of $23,505. An examination of Table 9 shows some variance in average salaries by work setting and nursing degree. The range of salary by work site is greatest for nurses with diploma degrees where there is a $10,969 difference between employment as a school nurse and those providing in-service nursing education. With some exceptions, the difference in salary among Florida nurses with diploma and associate degree preparations is less than $2,000 annually.

The salary differential between associate and baccalaureate degree preparations, on the other hand, is less homogeneous and exceeds $1,500 annually for most work settings. The same holds true for the difference between a baccalaureate and a master's preparation.

TABLE 9

DISTRIBUTION OF REGISTERED NURSE MEAN ANNUAL SALARIES IN DOLLARS ACCORDING TO WORK SETTING AND HIGHEST NURSING DEGREE: FLORIDA 1985

		Nursing Degree				
WORK SETTING	**Nursing Diploma**	**A.A.**	**B.S.**	**M.S.**	**PH.D.**	**TOTAL**
Hospital	$25,002	$22,381	$24,181	$30,376	$25,947	$23,853
Nursing Home	19,483	19,054	20,857	25,102	N/A	19,659
Home Health Agency	21,860	20,744	22,449	25,121	N/A	21,652
Patient's Home	21,141	21,791	23,084	31,833	N/A	21,731
Ambulatory Clinic	22,240	21,283	24,508	29,067	N/A	22,922
School	15,314	16,588	21,172	24,601	N/A	17,534
Nursing Education						
In-Service	26,283	23,936	25,323	29,091	N/A	25,721
School	23,967	21,604	24,193	26,888	34,148	25,372
Practitioner's Office	17,547	17,475	18,886	25,052	N/A	17,772
Business	23,940	22,411	23,703	27,960	N/A	23,671
Public Health	19,849	18,135	20,643	24,501	N/A	19,849
Independent Practice	24,186	26,573	26,204	29,625	N/A	26,137
Other	22,000	21,736	23,331	28,049	37,325	22,476
Total	$23,469	$21,836	$23,700	$28,342	$31,912	$23,071

Note: Means are derived from discrete data.

SOURCE: Department of Health and Rehabilitative Services, 1985.

As Table 9 reveals, salary by work setting increases little for higher academic preparation levels, especially among diploma and AA degrees. For example, nurses in nursing homes earn almost the same salary whether they have an associate or a baccalaureate degree. Salary differentials are also minimal in home health agencies, patient's home, practitioner's office, business, and independent practice. Overall, academic preparation does not appear to have a major influence on salary except at post-baccalaureate levels.

The average annual salary in a hospital setting ranged from $22,381 for a nurse with an associate degree versus $30,376 for one with a master's degree. In general, employment in a school setting appears to be the least attractive option from a salary standpoint regardless of academic preparation while independent practice and in-service nursing education offer higher average salaries for all academic preparations.

Annual salaries for LPNs are reflected in Table 10. Over half the LPN respondents earned between $10,001 and $15,000 and a second large group earned from $15,001 to $20,000. The mean salaries by highest degree attained vary only slightly, from $14,517 with a high school degree to $15,297 with less than a high school degree. Licensed practical nurses with associate degrees earned about $14,500 annually.

TABLE 10

DISTRIBUTION OF FLORIDA'S LICENSED PRACTICAL NURSES ACCORDING TO THE HIGHEST DEGREE AND ANNUAL SALARY IN DOLLARS, 1985

Annual Salary	Less Than High School	High School	Associate of Arts	B.A. or Higher	Total
Less than $5,001	8	196	27	7	238
$5,001 to $10,000	24	712	88	17	841
$10,001 to $15,000	161	5,743	791	148	6,843
$15,001 to $20,000	155	3,698	446	96	4,395
$20,001 to $25,000	22	436	65	19	542
$25,001 to $30,000	0	73	14	2	89
$30,001 to $35,000	2	17	9	0	28
$35,001 to $40,000	0	13	2	0	15
$40,001 to Over	7	88	12	8	115
Total	379	10,976	1,454	297	13,106
Mean Salary	$15,297	14,517	14,581	$15,184	$14,562

Note: Means are derived from grouped data.

SOURCE: Florida Department of Health and Rehabilitative Services, 1986.

In summary, Florida nursing salaries follow national trends in that there is little salary distinction between the diploma and associate degree prepared nurse; the difference is more noticeable when associate degree and baccalaureate degree preparations are compared. In addition, hospital settings in Florida, as nationally, tend to offer higher remuneration than most other work sites, with the exception of postsecondary nursing education and independent practice locations.

III. NURSING EDUCATION

A. Nursing Education History in the United States

Nursing in the early history of the United States reflected the education and practices found elsewhere, especially in England. Movements in the nineteenth century, however, resulted in significant changes in nursing education in terms of location and content.

Two forces helped emphasize the need for a broader and sounder education than was available from the hospital schools during the latter half of the nineteenth century. First, the advancement of preventive medicine and public health coupled with expansion in the nursing field underscored the value of improving educational opportunities for nurses. Second, experiences from the Civil War and the Spanish American War exacerbated dissatisfaction with a profession that was essentially unguided. The heightened interest in nursing provided impetus for the development of nursing schools, especially within the growing hospital movement. Additionally, most early free-standing training schools, operating under meager funding and no endowment, were eventually absorbed by hospitals who received free labor for providing informal nursing training. Apprenticeship rather than instruction became the model and the function of the nursing school became service rather than education.

Even though the Nightingale Training Schools, established in the United States in 1873, provided opportunities for women to attend college, very few colleges admitted women, and there was little likelihood that they would form a nursing school. In addition, opportunities for nursing to move onto college campuses were diminished because medicine was not there. Existing women's institutions offered a liberal arts education and were not interested in the vocational orientation of the nursing group. Also, the class difference between the women's college and the nurse training schools diminished the probabilities of nursing moving into the established colleges. The colleges drew from the upper middle class, while nursing schools attracted primarily lower middle-class students.

The first decade of the twentieth century was marked by a proliferation of nursing schools, and the beginning of higher education for nurses came at the opening of the twentieth century. Nursing entered postsecondary education indirectly through an extension course at Teachers College of Columbia University. From this early course in education, the first basic, diploma nursing program in a collegiate institution was started in 1909 at the University of Minnesota. It was not until 1916 that a degree option was available, but by 1923, seventeen schools, all located almost exclusively in the western or southern parts of the United States, offered degree alternatives.

Moving into the university setting had considerable impact on the profession. Nurses themselves recognized the need for a better balance between theory and practice. They assumed greater leadership for setting goals, defining roles, and analyzing their problems. Additional developments of nursing education were improvements in entrance requirements and establishment of preliminary courses to precede the graduate course.

These developments in the early part of the century also resulted in a move to raise the standards of nursing schools. A classification system was set up to make it possible to recognize schools in good standing and stimulate others to improve. This led ultimately to the National League for Nursing and accreditation.

Notable changes occurred in nursing education following World War II. In the 1950s, associate degree programs in community colleges provided preparation for RN licensure in two years. Growth in these programs was stimulated through private funding, particularly from the W.K. Kellogg Foundation, to support master's degree programs to prepare faculty and to support the establishment of new ADN programs. The community college movement flourished and has continued to produce a high proportion of registered nurses. Increasing concern with the educational preparation of nurses culminated in 1966 with approval by the membership of the American Nurses' Association of a position paper recommending that nursing education be located in institutions of learning within the general system of education.

B. Accreditation

Nursing accreditation is an evaluative process resulting in a determination by the accrediting agency that predetermined criteria or standards have been met. Voluntary specialized accreditation for the nursing profession is done by the National League for Nursing (NLN). The NLN is recognized as the national accrediting agency for nursing education by the Council on Postsecondary Accreditation (COPA) and by the U.S. Department of Education.

Historically, nursing accreditation dates from 1893 with the establishment of the American Society of Superintendents of Training Schools for Nurses, whose purpose was to improve conditions and educational standards in American schools of nursing. An accrediting program to provide accrediting services for basic nursing programs in both collegiate and hospital programs was inaugurated by the National League of Nursing Education in 1938. Refinements to the accrediting process continued, and in 1949, under the joint sponsorship of six national nursing organizations, the National Nursing Accrediting Service absorbed all accrediting activities pertaining to nursing education. Four years later, the activities of this group were transferred to the National League for Nursing. At present, the NLN accrediting program is conducted through four membership units: the Council of Associate Degree Programs, the Council of Baccalaureate and Higher Degree Programs, the Council of Diploma Programs, and the Council of Practical Nursing Programs.

Under the NLN, the accreditation process focuses on the nursing program within the context of the parent institution's goals and objectives and may be complementary to institutional accreditation. Whenever possible, accreditation activities are coordinated with other officially recognized regional and specialized accrediting bodies. Peer evaluation and systematic self-study by the program seeking accreditation underlie the process which involves six stages: (1) determination of eligibility for NLN evaluation; (2) initiation of the process; (3) the self-study process and writing of the self-study report; (4) the accreditation visit; (5) evaluation; and (6) systematic program of ongoing evaluation. Based upon an appraisal of the program in relation to compliance with the criteria, the board of review determines the accreditation status of the program. Previously accredited programs are normally revisited for continuing accreditation at eight year intervals. Actions taken for institutions seeking initial accreditation include granting, deferring, or denying of accreditation. Accreditation is either granted or denied to institutions seeking continued accreditation. Graduation from a program accredited by the specialized accrediting agency is not a requisite for licensure in Florida.

C. Educational Preparation and Programs

Unlike most health professions, nursing is characterized by diverse academic preparations in postsecondary education. Ranging from one to eight years in length, most of these stages of formal educational study prepare the nurse for examination leading to licensure. After securing licensure, many nurses opt for additional education either through formal academic programs or through continuing education. Academic programs generally culminate in a certificate, diploma, or a degree at the associate, baccalaureate, master's, or doctoral level. The State public and private higher education systems offer programs at all levels.

Practical nursing programs, usually one year in length, are found primarily in community colleges and vocational-technical education centers. Although the number of programs nationally has remained constant, the number of graduates has increased, from 37,954 in 1970 to 44,054 in 1983-84. This program results in preparation for licensure as a practical nurses.

For the most part, three educational programs lead to licensure as a registered nurse: diploma, associate degree, and baccalaureate degree programs. Table 11 illustrates the numbers of RN programs by the three types, showing a ten percent increase between 1970 and 1984 in all basic RN programs.

TABLE 11

BASIC RN PROGRAMS BY TYPE OF PROGRAM: 1970 to 1984[1]

	ALL BASIC RN PROGRAMS	BACCALAUREATE PROGRAMS	ASSOCIATE DEGREE PROGRAMS	DIPLOMA PROGRAMS
YEAR	Number of Programs	Number of Programs	Number of Programs	Number of Programs
1970	1,340	267	437	636
1973	1,360	302	565	493
1976	1,358	336	632	390
1979	1,374	363	678	333
1981	1,401	383	715	303
1984	1,477	427	777	273

[1] Excludes American Samoa, Guam, Puerto Rico, and the Virgin Islands.

SOURCE: National League for Nursing, 1986 Nursing Data Review.

Diploma programs are usually three years in length and housed in hospital settings. While this was once the major point of entry for nursing professionals, both the number of diploma programs and the number of graduates have decreased considerably in recent years. In 1970, diploma programs represented almost half of the basic registered nursing programs available; by 1983 the 273 programs in operation accounted for only 18 percent of the total. Graduates of diploma programs made up 15.1 percent of all graduates in 1983-84.

Associate degree programs, typically two years in length and found primarily in community/junior colleges, have become a major entry point for prospective nurses seeking licensure. In 1984 there were 777 associate degree programs in the nation, representing over half the total number of programs. Among graduates of the three RN preparation programs, associate degree programs accounted for 55.3 percent of all graduates in 1983-84.

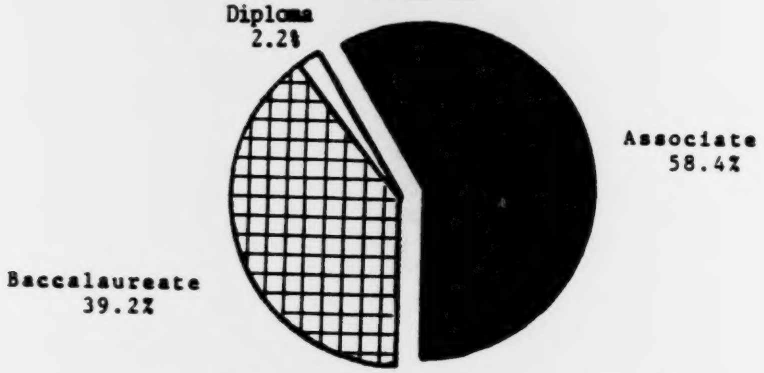
The baccalaureate program usually takes four years to complete, but completion time is dependent on variations in individual programs and on whether admission is made during the freshman, sophomore, or junior year. For example, students entering as freshmen follow the traditional or generic four-year pattern, while registered nurses who return to pursue a baccalaureate degree may be able to finish the degree in less than two years through a transitional program that usually recognizes prior education and experience. Baccalaureate programs have increased in number, with 427 basic programs in 1984, 29 percent of the total number of nursing programs leading to RN licensure. Graduates of these programs comprised 29.5 percent of all graduates from basic RN programs in 1983-84.

Overall, the number of programs preparing RNs has increased between 1970 and 1984 from 1,340 to 1,477. While the number of diploma programs has decreased significantly from 636 to 273, both associate and baccalaureate programs have experienced growth. Graduations from all basic RN programs in the nation have increased by nine percent between 1974-75 and 1983-84. The number of practical nursing educational programs has remained basically unchanged since 1970; there were 1,233 in 1970 and 1,254 in 1984. Graduations have ranged between 41,000 and 47,145 yearly since 1974-75.

For Florida, the State Board of Nursing reports that in 1986 there were 40 state-approved initial programs for RN preparation. Thirteen of these were baccalaureate programs, 26 were associate degree, and one was a diploma program. Of the 40 programs, 22 were accredited by the NLN. In addition, there were five baccalaureate programs designed exclusively for RNs -- four independent and one public. Florida data for 1985-86 show 5,418 enrollees in ADN programs, 3,429 in baccalaureate programs (initial and RN exclusive), and 69 in the diploma program. As Figure 1 shows, enrollments were heaviest in associate degree programs, which accounted for 60.8 percent of the 8,916 students in nursing programs, followed by 38.4 percent in BSN programs.

FIGURE 1

PERCENT DISTRIBUTION OF REGISTERED NURSING ENROLLMENTS IN FLORIDA BY PROGRAM LEVEL 1985-86

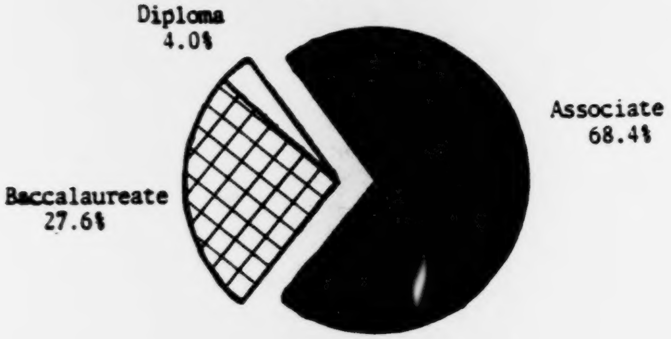


SOURCE: Board of Regents, State Board of Community Colleges, and institutional data, 1987.

Graduates of Florida nursing programs are clustered in associate degree programs. Figure 2 reveals that the 26 ADN programs graduated 68.4 percent of the 3,066 nursing students in 1985-86, as compared to 27.6 percent graduates from baccalaureate programs, and 4.0 percent from the diploma program.

FIGURE 2

PERCENT DISTRIBUTION OF REGISTERED NURSING GRADUATES IN FLORIDA BY PROGRAM LEVEL 1985-86



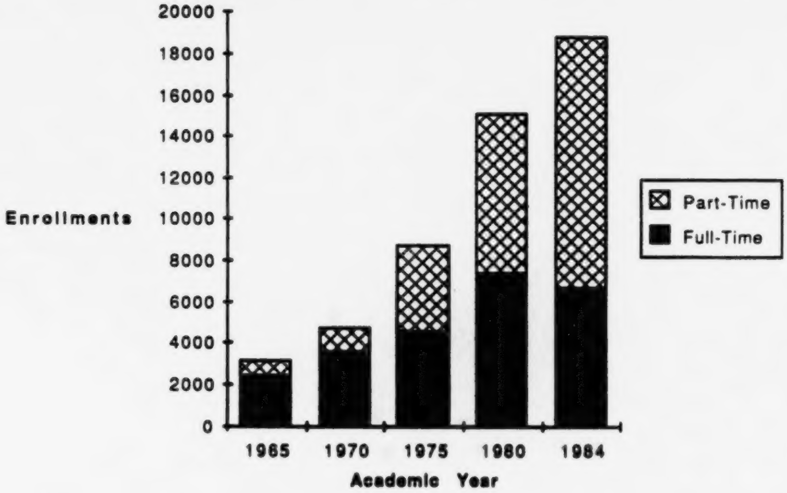
SOURCE: Board of Regents, State Board of Community Colleges, and institutional data, 1987.

Interest in graduate programs leading to master's and doctoral degrees has increased over the years, partially as a result of greater need for persons qualified to fill leadership positions in nursing. Whereas graduate programs in nursing originally focused primarily on preparation for teaching or administration, over the last twenty years there has been an increasing interest in nurse clinicians. Largely as a result of federal support for advanced nurse training since the mid-seventies, the number of master's programs in nursing has grown considerably in recent years, from 99 in 1975 to 166 in 1984. The primary areas of study in master's programs are advanced clinical practice, nursing administration/management, and nursing education, although nursing education has been decreasingly attractive nationally as a primary area of study since 1975. There has been a trend toward specialty majors, especially in medical-surgical and maternal-child nursing.

As Figure 3 illustrates, nationally, enrollment in master's degree programs has grown by almost 400 percent, from 4,765 in 1970-71 to 18,822 in 1984. The Figure indicates that the bulk of this growth has been in part-time enrollments. While enrollments have risen dramatically over this twelve-year period, graduations have increased to a lesser extent. In 1974-75, 2,694 master's degrees in nursing were awarded, compared to 5,082 in 1983-84.

FIGURE 3

FALL ENROLLMENTS OF REGISTERED NURSES IN MASTER'S DEGREE PROGRAMS IN THE UNITED STATES DURING SELECTED ACADEMIC YEARS, 1965 THROUGH 1984



SOURCE: National League for Nursing, 1986 Nursing Data Review.

As with master's programs, doctoral programs have also experienced increased growth in numbers. In 1970 only six doctoral programs had enrollments; by 1984 that number had increased to 31. Many nurses seeking doctoral degrees enroll in programs awarding the degree in the field of nursing. These programs build on the specialized base at the master's level, producing nurse experts in clinical research and nursing science. In 1983-84, 183 students graduated from doctoral nursing programs, an increase of 32 percent over the previous year. Between 1974-75 and 1983-84, 1,054 nursing doctorates were awarded.

D. Male and Minority Representation

Licensed Practical Nursing Programs - National trends in enrollments and graduations of men and minority students in LPN programs as reported by the NLN are shown in Tables 12 and 13. Enrollments of males have increased both numerically and proportionally. In 1978, there were 1,864 males (3.9 percent of enrollments); this rose to 2,618 or 6.6 percent in 1984. Blacks also increased numerically and proportionally during the same period, with 5,141 enrollees or 10.7 percent of the total in 1978 versus 6,045 or 15.2 percent in 1984. Hispanics showed slight numerical increases, from 1,494 in 1978 to 1,547 in 1984. Their proportion went from 3.1 percent in 1978 to 4.9 percent in 1981 and down to 3.9 percent in 1984.

Graduations among males and racial/ethnic minorities were up both numerically and in terms of percentages for males, blacks, and Hispanics. On the national level in 1984, among LPN graduates 5.2 percent were males, 11.5 percent were blacks, and 2.8 percent were Hispanics. (See Table 13.)

TABLE 12

TRENDS IN ENROLLMENTS OF MEN AND MINORITY STUDENTS IN LPN PROGRAMS 1978 TO 1984[1]

	MALE		BLACK		HISPANIC	
Year	Number	Percent	Number	Percent	Number	Percent
1978	1,864	3.9	5,141	10.7	1,494	3.1
1981	2,385	5.8	5,588	14.0	1,584	4.9
1984	2,618	6.6	6.045	15.2	1,547	3.9

[1] Excludes American Samoa, Guam, Puerto Rico, and the Virgin Islands

SOURCE: National League for Nursing, Nursing Data Review, 1986.

TABLE 13

TRENDS IN GRADUATIONS OF MEN AND MINORITY STUDENTS IN LPN PROGRAMS 1978 TO 1984[1]

	MALE		BLACK		HISPANIC	
Year	Number	Percent	Number	Percent	Number	Percent
1978	1,389	3.5	3,515	9.0	986	2.5
1981	1,386	4.6	3,565	12.4	1,110	4.7
1984	1,894	5.2	4,178	11.5	1,000	2.8

[1] Excludes American Samoa, Guam, Puerto Rico, and the Virgin Islands

SOURCE: National League for Nursing, Nursing Data Review, 1986.

Registered Nurse Programs - Table 14 reflects male and minority enrollments in registered nurse programs over selected years among institutions responding to the NLN survey questionnaire on this area. Enrollments in all basic RN programs during 1983-84 numbered 221,405; slightly more than 6 percent of these were male students. Blacks accounted for 6.9 percent of the total enrollments and Hispanics had 2.0 percent.

TABLE 14

TRENDS IN ENROLLMENTS OF MEN AND MINORITY STUDENTS IN BASIC RN PROGRAMS 1978 TO 1984[1]

	MEN		BLACKS		HISPANIC	
Year	Number	Percent	Number	Percent	Number	Percent
ALL REPORTING RN PROGRAMS						
1978	10,327	4.8	12,630	5.8	3,079	1.4
1981	11,183	5.7	14,322	7.2	4,080	2.3
1984	13,652	6.2	15,363	6.9	4,410	2.0
BACCALAUREATE PROGRAMS						
1978	4,249	4.5	6,318	6.8	1,292	1.4
1981	4,265	5.5	6,091	7.7	1,708	2.3
1984	5,747	6.2	7,578	8.2	1,927	2.1
ASSOCIATE DEGREE PROGRAMS						
1978	4,216	5.3	4,903	6.2	1,418	1.8
1981	5,252	6.3	6,514	7.8	1,950	2.7
1984	6,052	6.5	6,124	6.5	2,011	2.1
DIPLOMA PROGRAMS						
1978	1,862	4.2	1,409	3.2	369	0.8
1981	1,666	4.5	1,717	4.5	422	1.3
1984	1,853	5.2	1,661	4.7	455	1.3

[1] Excludes American Samoa, Guam, Puerto Rico, and the Virgin Islands

SOURCE: National League for Nursing, Nursing Data Review, 1986.

For males, the table also shows a steady increase in their number and percentage representation in the three years cited. Among black students in RN programs, overall numerical growth is seen between 1978 and 1984, but percentage shares fell in 1984. Hispanics also increased numerical enrollments but tended to experience slight declines in percentage representation.

An examination of enrollments among men and racial/ethnic groups as seen in Table 15 reveals that 42.1 percent of the males in RN programs enrolled in baccalaureate programs, 44.3 percent were in associate degree programs, and 13.6 percent were in diploma programs. Among blacks, 49.3 percent were in baccalaureate, 40.0 in associate, and 10.8 in diploma. Hispanic students were almost evenly represented in baccalaureate and associate programs with 43.7 and 45.6 percent respectively; 10.3 percent were in diploma programs. In summary, males, blacks, and Hispanics tended to enroll equally in baccalaureate and associate degree programs.

TABLE 15

DISTRIBUTION OF MALE AND MINORITY ENROLLMENTS BY PROGRAM, 1983-84[1,2]

	Total RN Enrollments	Baccalaureate		Associate Degree		Diploma	
		Number	Percent	Number	Percent	Number	Percent
Males	13,652	5,747	42.1	6,052	44.3	1,853	13.6
Blacks	15,363	7,578	49.3	6,124	40.0	1,661	10.8
Hispanics	4,410	1,927	43.7	2,011	45.6	455	10.3

[1] National and regional totals exclude American Samoa, Guam, Puerto Rico, and the Virgin Islands.

[2] Figures represent only those programs responding to this section of the questionnaire.

SOURCE: National League for Nursing, 1986 Nursing Data Review.

In 1983-84 there was a total of 74,076 RN graduates among institutions responding to this section of the questionnaire. Of these, 5.8 percent were males. With regard to race/ethnicity, 5.2 percent of RN graduates were blacks and 2.0 percent were Hispanics. (See Table 16.) Males, blacks and Hispanics graduating from RN programs came predominately from associate degree programs.

As is illustrated in Table 16, across the years cited, male graduates decreased in number between 1978 and 1981 in all programs but increased in 1984; percentage representation was relatively constant. In general, black students in RN programs have grown in numbers while percentages have fluctuated. Hispanics have also increased numerically but have experienced uneven percentage representation.

The Table shows that baccalaureate completions for blacks and Hispanics increased by 50 percent. Numbers of black graduates from associate degree programs fluctuated between 1978 and 1984, but numbers of Hispanic graduates increased by 33 percent. In diploma programs, there was an increase in both black and Hispanic completions.

TABLE 16

GRADUATIONS OF MEN AND MINORITY STUDENTS FROM ALL BASIC RN[1] PROGRAMS 1978, 1981, 1984

Year	MEN Number	MEN Percent	BLACKS Number	BLACKS Percent	HISPANICS Number	HISPANICS Percent
ALL REPORTING RN PROGRAMS						
1978	3,862	5.5	3,277	4.7	1,088	1.6
1981	3,492	5.8	3,566	6.0	1,158	2.2
1984	4,286	5.8	3,822	5.2	1,511	2.0
BACCALAUREATE PROGRAMS						
1978	1,159	5.0	992	4.3	279	1.2
1981	1,117	5.5	1,079	5.6	372	2.2
1984	1,423	6.2	1,488	6.4	422	1.8
ASSOCIATE DEGREE PROGRAMS						
1978	2,048	6.4	1,965	6.2	697	2.2
1981	1,884	6.4	2,121	7.2	648	2.6
1984	2,325	5.7	1,954	4.9	926	2.3
DIPLOMA PROGRAMS						
1978	655	4.4	320	2.2	112	0.8
1981	491	4.4	366	3.5	138	1.5
1984	538	4.8	380	3.4	163	1.4

---

[1] Excludes American Samoa, Guam, Puerto Rico and the Virgin Islands.

SOURCE: National League for Nursing, 1986 Nursing Data Review.

Table 17 indicates that male and racial/ethnic RN graduates came predominately from associate degree programs: 54.2 percent of males, 51.1 percent of blacks and 61.3 percent of Hispanics. Over 33 percent of males graduating from RN programs were from baccalaureate degree programs; 38.9 percent of blacks finished with a baccalaureate degree and 27.9 percent of Hispanics did so.

TABLE 17

DISTRIBUTION OF MALE AND MINORITY[1] RN GRADUATES BY PROGRAM, 1983-84

	RN Graduates	Baccalaureate Number	Baccalaureate Percent	Associate Degree Number	Associate Degree Percent	Diploma Number	Diploma Percent
Males	4,286	1,423	33.2	2,325	54.2	538	12.6
Blacks	3,822	1,488	38.9	1,954	51.1	380	9.9
Hispanics	1,511	422	27.9	926	61.3	163	10.8

---

[1] Excludes American Samoa, Puerto Rico, Guam, and the Virgin Islands.

SOURCE: National League for Nursing, 1986 Nursing Data Review.

Graduate Programs - Beginning in 1983-84, the NLN requested data by gender and racial/ethnic minorities in post-baccalaureate programs. They reported for 1984 that 3.4 percent of enrollees and three percent of graduates in master's programs were men. Blacks constituted 3.6 percent of enrollments and three percent of graduates. Less than one percent of all enrollees and graduates were Hispanics.

Enrollments in doctoral programs in 1984 reflect that 2.8 percent were male, 3 percent were black, and 0.6 percent were Hispanic. The proportion of male graduates of doctoral programs was 1.6 percent male; 3.8 percent of earned doctorates were awarded to blacks. No doctoral degrees were granted to Hispanics in 1983-84.

E. Curricula

Curricula for the registered nurse preparatory programs and the licensed practical nurse preparatory program vary, but in general, the four traditional education routes leading to licensure can be described by the kinds of areas studied.

Under the one-year **licensed practical nurse program**, courses are offered in selected aspects of nursing with limited subject content from areas such as anatomy and physiology and with some legal issues covered. Within the two-year **associate degree program**, there is a balance of technical and general education courses. Nursing content encompasses care of adult and parent-child, organization of patient care, legal issues, ethics, pharmacology, and nutrition. In the **hospital-based diploma program**, nursing courses predominate; general subject content includes anatomy, physiology, psychology, sociology, pharmacology, chemistry, and English. Nursing courses cover foundation, medical-surgical, maternal-child, psychiatric, acute care, management, leadership, legal issues and ethics. In **baccalaureate programs**, a two-year foundation is formed initially in the liberal arts, sciences and humanities; nursing courses, particularly in public institutions, are taken in the final two years. General education content is similar to, but more extensive than, that of the associate degree program. Nursing content is also similar to the two-year program, but covers nursing theory more thoroughly, the life processes, the well-ill individual, social groups for all intervals of the life span, community health and research. Irrespective of program length, all students seeking educational preparation for licensure receive clinical practice that provides instructional learning, experiences under faculty supervision in client/patient care. The number of hours utilized in clinical practice varies by educational preparation sought.

Nursing programs in postsecondary education institutions in Florida must be approved by the Board of Nursing under the Department of Professional Regulation. (See Appendix B for Board of Nursing Rules.) The Board grants approval, provisional approval, or probationary status based on specified requirements, part of which relate to curriculum guidelines. Specific curricular requirements are delineated for registered nursing and practical nursing programs. For the registered program, the Board requires instruction in biological, physical, social and behavioral sciences with both theoretical instruction and clinical experience. Board Rules also stipulate that 40 percent of the bachelor's degree program must be in professional nursing and

50 percent of the associate degree or diploma program be in professional nursing. Requirements for practical nursing programs also provide for theory and practice, with at least 50 percent of the total program devoted to clinical experience. Clinical training requirements are further described in rule.

F. Articulation and Career Ladders

In a profession such as nursing with a number of program levels and academic preparations available, articulation and career ladders become significant contributors to student movement through higher education. It is the responsibility of educational systems to provide both smooth and educationally sound transitions from one level to the next. The enrollment trends discussed in the previous section emphasize the need for constant review of articulated nursing education and career ladders in order to promote program accessibility.

Articulation refers to the process of coordinating programs so that one program fits or integrates into another in such a way as to avoid unnecessary duplication or gaps in instruction received by students as they progress among institutions and programs. At the state level, articulation within the public system is addressed through the Statewide Course Numbering System and the Articulation Coordinating Committee; the latter includes representation from the state university system, the community college system, vocational education, public schools and the Commissioner of Education's office. A Nursing Coordination Task Force was appointed in 1984 as a result of legislation requiring the Department of Education to establish an articulation agreement to govern nursing. The Task Force developed an articulation plan in two areas -- one to address articulation at the diploma, associate and baccalaureate levels and another at the licensed practical nurse to associate degree level.

An additional enhancement to articulation was the establishment by the 1983 Legislature of the Trust Fund for Postsecondary Cooperation. A major purpose of the fund is to reward institutional creativity and initiative in assisting student articulation. Among the awards given in 1987-88 was a grant for a Postsecondary Nursing Articulation Project, which sought (1) to establish and implement a clearly detailed process of student articulation in nursing between Manatee Community College, the University of South Florida, and local vocational-technical schools, and (2) to recruit minority students into the nursing program. In addition to state-level efforts, numerous local agreements exist between independent and public institutions.

Under the career ladder concept, students should be able to progress from practical nursing programs to associate degree and on to baccalaureate degree preparation. The diversity of program tracks available in and among public institutions and through agreements developed between public and independent institutions reflect efforts to support career ladders and increase accessibility to higher education.

Transitional programs build on previous experience and academic preparation to move the student to a higher educational level. For example, LPNs enter transitional programs to prepare for a career as a registered nurse.

Registered nurses seeking to complete a baccalaureate degree may take advantage of many transitional programs such as baccalaureate-registered nurse (BRN) programs that accept only registered nurses. In some instances, dovetailing associate and baccalaureate components has been highly successful; students with the associate degree enrolled in a community college/university transitional program will transfer most if not all general education credits taken at the two-year institution to the university. Graduates of diploma programs, however, usually have difficulty transferring general education credits if the coursework was done in a hospital setting.

Registered nurses with less than a baccalaureate degree who elect to pursue the BSN enroll in generic BSN programs or specially designed BRN programs. Students with no prior nursing preparation enroll in generic programs. Nationally, enrollments of RNs in baccalaureate programs continue to increase, as Table 18 indicates, but a preference for baccalaureate-registered nurse programs has been developing steadily since 1975. In that year, 95.6 percent of these enrollments were in generic programs while 4.4 percent were in BRN programs. These figures have changed considerably with the proportions at 86.1 percent and 13.7 percent respectively in 1984.

TABLE 18

GENERIC AND RN STUDENT ENROLLMENTS IN BACCALAUREATE NURSING PROGRAMS: 1975 TO 1984[1]

	ENROLLMENTS IN BACCALAUREATE NURSING PROGRAMS			
	Total	Generic Programs		BRN* Programs
Year	Enrollments	Generic Students	RN Students	RN Students
1975	115,553	99,837	10,653	5,063
1978	125,337	99,900	16,550	8,887
1981	126,881	93,967	19,650	13,264
1984	136,120	95,008	22,520	18,592

[1] Excludes American Samoa, Guam, Puerto Rico, and the Virgin Islands.

* BRN programs are baccalaureate programs that admit only RNs.

SOURCE: National League for Nursing, 1986 Nursing Data Review.

The table also reflects that, by type of program, the number of RN students in generic programs has more than doubled over the ten-year period; an irregular pattern is apparent in enrollments of generic students, leading to an overall loss. The BRN programs have experienced tremendous growth in enrollments, going from 5,063 students to 18,592 in the ten years studied.

Graduations from baccalaureate programs have increased from 23,933 in 1974-75 to 33,803 in 1983-84. (See Table 19). Almost 89 percent of the 1984 basic and RN students graduating from baccalaureate nursing programs were from generic programs, and 11 percent were from BRN programs. The Table also reveals that the number of RNs completing the baccalaureate degree has increased almost threefold -- from 3,763 in 1974-75 to 10,085 in 1983-84. A significant increase has occurred in the number of RNs successfully using the transitional programs to complete the bachelor's degree.

TABLE 19

BASIC AND RN STUDENT GRADUATIONS FROM BACCALAUREATE NURSING PROGRAMS 1974-75 TO 1983-84[1]

Year	Total Graduations	Generic Programs Basic Students	Generic Programs RN Students	BRN* Programs RN Students
1974-75	23,933	20,170	3,165	598
1977-78	30,309	24,187	3,774	2,348
1980-81	32,608	24,370	4,872	3,366
1983-84	33,803	23,718	6,275	3,810

[1] Excludes American Samoa, Guam, Puerto Rico, and the Virgin Islands.

* BRN programs are baccalaureate programs that admit only RNs.

SOURCE: National League for Nursing, Nursing Data Review, 1986.

The National League for Nursing reports that in 1986 eleven of the State's 13 approved registered nurse baccalaureate programs accepted RNs to complete their BSN degrees. The NLN report also indicates that eight registered nurse programs offered an ADN completion program.

Validation of prior nursing experience forms a part of the career ladder concept. This process may involve course-to-course transfer credit, advanced placement examination, standardized assessment examinations, or examinations based on in-house instruments, performance, or portfolios. Advanced placement examinations are available to LPNs in 19 of the State's 40 approved registered nurse programs.

Another mechanism for providing educational opportunities in nursing is the accelerated option. This program is usually designed to attract professionals with baccalaureate degrees in other areas to nursing; the academic preparation offered through approximately one year of study may lead to an associate or baccalaureate degree as well as preparation for licensure as a registered nurse. Although the accelerated option concept is not a common element in nursing program nationwide, it is an alternative to increase the supply of registered nurses. Among the State's nursing programs, Miami-Dade offers the accelerated option leading to an associate degree and Barry University has a program culminating in a bachelor's degree. The Commission is presently considering a proposal for a contract with Barry University to provide tuition subsidies for some Florida residents in the accelerated option program.

IV. NURSING PROGRAMS IN FLORIDA

Florida currently offers a wide range of nursing programs at all levels within both public and independent higher education sectors. By academic preparation, students may study towards a certificate, associate degree, diploma, baccalaureate degree, master's or doctoral degree in nursing. By licensure, students may elect to prepare for either licensed practical nursing or registered nursing.

Each of the following sections examines in more detail the options open to students in nursing education in Florida at each level. Particular emphasis is placed on enrollment and completion trends and representation by racial/ethnic group and gender.

A. Licensed Practical Nursing

The Florida Board of Nursing reports 34 approved programs of practical nursing in 1986 (see Appendix A). The majority of these, 22, are located in vocational-technical centers or high schools, ten are in public community/junior colleges, and two are in independent hospital facilities. The total number of LPN programs in the State has remained relatively constant during the past ten years, increasing only slightly from 33 in 1975.

Data in Table 20 indicate that enrollments in LPN programs in the State have decreased steadily; total enrollment in 1985-86 was 72 percent of the 1982-83 number. Graduations from these programs have generally decreased over the same period. From 2,077 in 1982-83, graduation rates to 1,445 in 1985-86. (Table 21.)

TABLE 20

ENROLLMENTS IN FLORIDA LICENSED PRACTICAL NURSING PROGRAMS 1982-83 TO 1985-86

Year	Enrollments	Community Colleges	Independents	DVACE
1982-83	5,240	993	80	4,167
1983-84	4,899	918	61	3,920
1984-85	3,912	587	69	3,256
1985-86	3,756	463	60	3,233

SOURCE: State Board of Community Colleges, Division of Vocational, Adult, and Community Education (DVACE), and institutional reports, 1987.

TABLE 21

COMPLETIONS FROM FLORIDA LICENSED PRACTICAL NURSING PROGRAMS 1982-83 TO 1985-86

Year	Completions	Community Colleges	Independents	DVACE
1982-83	2,077	432	62	1,583
1983-84	1,687	436	65	1,186
1984-85	1,232	223	68	941
1985-86	1,445	212	39	1,194

SOURCE: State Board of Community Colleges, Division of Vocational, Adult, and Community Education (DVACE), and institutional reports, 1987.

B. Registered Nursing

The three following subsections on diploma, associate degree, and baccalaureate degree programs illustrate the diverse opportunities open to students in Florida seeking preparation for registered nurse licensure. Among public and private educational systems and within hospital, two-year, four-year, and university settings in 1986, there were 40 state-approved programs preparing students for RN licensure examination.

An examination of enrollment and graduation data in the State's RN programs reveals an uneven pattern among the programs. In general, enrollments in the first half of the 1980s were stable or declined slightly. The situation with degree completions depended on type of program: diploma graduations were down; the number of associate degree graduates was stable; but baccalaureate degree graduations increased toward the middle of the decade.

In sum, data collected to date indicate that few overall trends in nursing enrollments and degree completions in Florida institutions are identifiable. Fluctuations in both enrollments and completions characterized the period from 1980 to 1984. Nonetheless, a pattern of increasing RN participation in baccalaureate programs has emerged, particularly through those programs designed to accommodate returning RNs in their move toward higher academic preparation.

1. Diploma Program

Jackson Memorial Hospital in Miami has the only state-approved diploma program in Florida. Table 22 shows that diploma program enrollment increased until 1983-84 but declined from 190 in 1983-84 to 76 in 1986-87. Graduation rates fluctuated, peaking at 123 in 1985 (see Table 23). In 1986, 110 diplomas were awarded by the institution, and in 1987, 77 were awarded.

TABLE 22

ENROLLMENTS IN FLORIDA DIPLOMA NURSING PROGRAM
1981-82 TO 1986-87

Year	Enrollments
1981-82	129
1982-83	185
1983-84	190
1984-85	132
1985-86	69
1986-87	76

SOURCE: Department of Nursing Education, Jackson Memorial Hospital, 1987.

TABLE 23

COMPLETIONS FROM FLORIDA DIPLOMA NURSING PROGRAM
1983 TO 1987

Year	Completions
1983	120
1984	92
1985	123
1986	110
1987	77

SOURCE: Department of Nursing Education, Jackson Memorial Hospital, 1987.

2. Associate Degree Programs

The associate degree in nursing (ADN) is offered by most public community colleges in the State; of the 28 community colleges in the system, 25 have state-approved programs for registered nursing. One private institution is state-approved as well. (See Appendix B.) In addition to generic ADN programs, some colleges offer transition programs for LPNs seeking career mobility through the associate degree and preparation for registered nursing practice.

Table 24 below shows recent enrollment and completion trends for associate degree programs in nursing in the public community colleges. Enrollment decreased steadily between 1981-82 and 1985-86 with 27 percent fewer enrollees by 1985-86. As Table 24 illustrates, there was greater fluctuation in associate degree completions, with the number of completions increasing until 1984-85.

TABLE 24

ENROLLMENTS AND COMPLETIONS IN ASSOCIATE DEGREE NURSING PROGRAMS IN FLORIDA PUBLIC COMMUNITY COLLEGES 1981-82 TO 1985-86

Year	Enrollments	Completions
1981-82	7,390	2,190
1982-83	7,377	2,499
1983-84	7,202	2,530
1984-85	5,894	2,142
1985-86	5,418	2,096

SOURCE: State Board of Community Colleges, 1987.

3. Baccalaureate Degree Programs

There are 18 colleges and universities in the State offering baccalaureate degree programs in nursing. Half of these are public institutions. Most of the institutions offer generic BSN programs with special options for registered nurses who do not have a baccalaureate degree. Five are RN to baccalaureate programs.

Total enrollments in baccalaureate degree programs in Florida postsecondary institutions include students in generic programs as well as RNs in baccalaureate-registered nurse programs and basic BSN students. Table 25 shows enrollments for a three-year period between 1983 and 1986. Total enrollments fluctuated somewhat during this time with a slight decrease during the last year reported. The National League for Nursing report from its data that enrollments composed only of RNs completing the baccalaureate degree increased from 29.4 percent to 43.3 percent of total BSN enrollments in the early part of the decade, fell by 7 percent and then stabilized at over 43 percent again in 1984. This movement reflects national trends discussed in Chapter III, where RNs have been increasingly represented in baccalaureate degree program enrollments.

Table 26 illustrates trends in part-time and full-time undergraduate enrollment in the state universities' baccalaureate programs. After 1981, the number of full-time students increased initially but began to level and decline in 1984, while part-time enrollments increased steadily to 1985.

This characteristic is consistent with national trends in nursing programs. Whereas part-time students comprised 26.2 percent of undergraduate enrollments in 1981, that ratio had increased by 1985 to 31.7 percent. Figure 4 also demonstrates a slow increase in part-time enrollments.

TABLE 25

TOTAL ENROLLMENTS IN BACCALAUREATE NURSING PROGRAMS IN FLORIDA 1983-84 TO 1985-86[a]

Year	Total	SUS	Independents
1983-84	3,682	2,241	1,441
1984-85	3,737	2,275	1,462
1985-86	3,429	2,171	1,258[b]

[a] Does not include Southern College of Seventh-Day Adventists.

[b] Does not include Pensacola Christian College.

SOURCE: Board of Regents and institutional reports, 1987.

TABLE 26

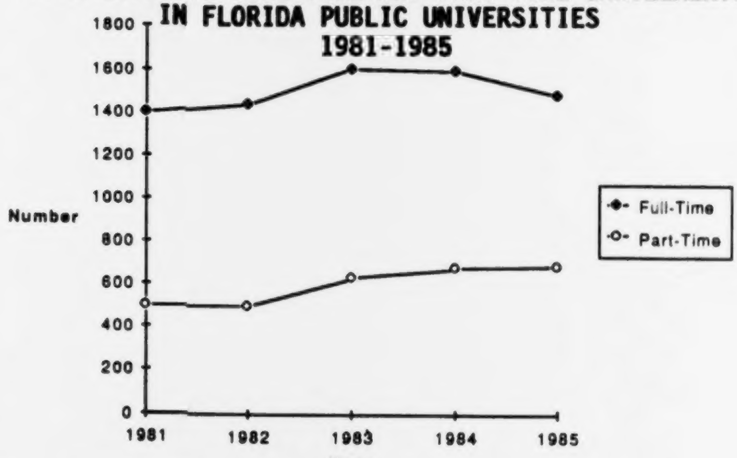
BACCALAUREATE NURSING ENROLLMENTS BY PART-TIME/FULL-TIME STATUS IN FLORIDA PUBLIC UNIVERSITIES FALL, 1981-1985

Year	Total	Full-Time	Percent	Part-Time	Percent
1981	1892	1396	73.8	496	26.2
1982	1937	1439	74.3	498	25.7
1983	2241	1608	71.8	633	28.2
1984	2275	1595	70.1	680	29.9
1985	2171	1483	68.3	688	31.7

SOURCE: Board of Regents, 1987.

FIGURE 4

BACCALAUREATE FULL-TIME AND PART-TIME ENROLLMENTS IN FLORIDA PUBLIC UNIVERSITIES 1981-1985



SOURCE: Board of Regents, 1987.

Completion data from Florida's baccalaureate nursing programs, like enrollment data, include basic baccalaureate students as well as RNs -- those in basic programs and those in baccalaureate-registered nurse programs. As Table 27 shows, between 1983 and 1986 the number of degrees awarded fluctuated considerably with a dramatic increase between 1984 and 1985. The National League for Nursing reports that registered nurses consistently accounted for approximately 30 percent of the BSN degrees until 1984 when this group received over 37 percent of the baccalaureates awarded.

TABLE 27

TOTAL GRADUATIONS FROM BACCALAUREATE NURSING PROGRAMS IN FLORIDA 1983-84 TO 1985-86[a]

Year	Total	SUS	Independents
1983-84	841	528	313
1984-85	1,065	743	322
1985-86	847	600	247[b]

[a] Does not include Southern College of Seventh-Day Adventists.

[b] Does not include Pensacola Christian College.

SOURCE: Board of Regents and institutional reports, 1987.

C. Graduate Programs

Graduate education in nursing is available at both public and independent universities in the State. Two doctoral and five master's programs in nursing are currently available.

Master's Programs: Table 28 indicates enrollments in the master's programs from 1981 to 1986. Enrollments have almost tripled over the six-year period, growing from 198 in 1981 to 581 in 1986.

TABLE 28

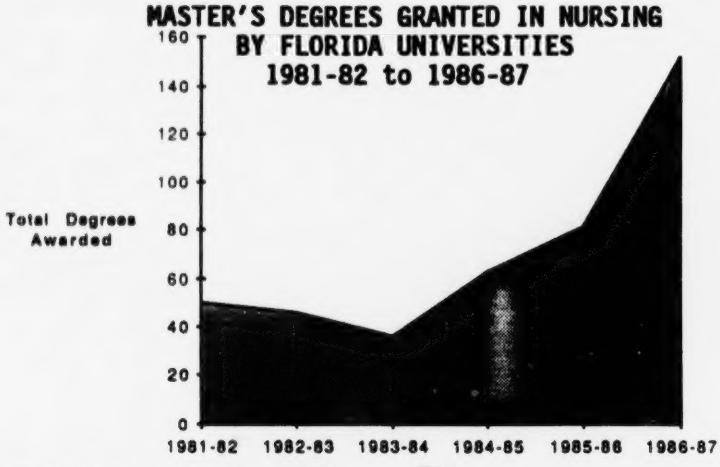
ENROLLMENTS IN FLORIDA MASTER'S IN NURSING PROGRAMS FALL 1981-82 TO FALL 1985-86

Year	Total	UF	USF	FSU	University of Miami	Barry University
1981	198	105	41	0	52	--
1982	259	144	68	0	47	--
1983	341	199	93	0	49	--
1984	442	238	96	0	54	54
1985	474	243	99	5	66	61
1986	581	224	156	17	90	94

SOURCE: Institutional reports, 1987.

The numbers of master's degrees awarded by Florida institutions have also increased significantly as Figure 5 illustrates.

FIGURE 5


MASTER'S DEGREES GRANTED IN NURSING BY FLORIDA UNIVERSITIES 1981-82 to 1986-87

SOURCE: Institutional reports, 1987.

Table 29 reveals the impact of new programs on the total number of students graduating with master's degree preparations. The number of master's graduates since 1984-85 has more than doubled, partially as a result of the establishment of new programs since that year.

TABLE 29

COMPLETIONS FROM MASTER'S PROGRAMS
1981-82 TO 1986-87

Year	Total	UF	USF	FSU[1]	University of Miami	Barry University
1981-82	50	33	5	--	12	--
1982-83	46	32	6	--	8	--
1983-84	36	19	7	--	6	--
1984-85	63	30	19	--	14	--
1985-86	81	47	22	--	12	--
1986-87	152	59	47	--	27	19

[1] Program initiated enrollment in 1985.

SOURCE: Institutional reports, 1987.

Doctoral: Of the two doctoral programs in the State, one is located in a public university and the other in the independent sector. Florida's first doctoral program was approved in 1984 at the University of Florida. The following year, the University of Miami initiated enrollment in its doctoral program. As revealed in Table 30, doctoral enrollments have increased significantly during the three-year period, 1984 to 1986. Due to the recent establishment of the programs, only one doctoral degree has been awarded and that was in 1987.

TABLE 30

ENROLLMENTS IN FLORIDA DOCTORAL NURSING PROGRAMS
FALL 1984 TO FALL 1986

Year	Total	University of Florida	University of Miami
1984	4	4	0
1985	26	17	9
1986	49	29	20

SOURCE: Institutional reports, 1987.

D. Minority Representation

Increasing the educational attainment of minorities has been a priority in Florida's public postsecondary education institutions. In addition, the diverse racial/ethnic composition of the State underscores the need for greater numbers of nursing professionals from a variety of social, economic, and cultural backgrounds.

Nonetheless, data contained in this section demonstrate that male, black, and Hispanic representation in Florida's nursing programs did not improve appreciably in the first half of this decade. In some cases, overall declining or stable nursing enrollments were reflected in parallel decreasing or stable male, black, and Hispanic participation. In other instances, declining minority participation exceeded overall percentage losses in enrollment and completions. Although nursing program enrollment and completion rates for minorities generally showed few gains during the early 1980s, notable improvement was evident in the number of Hispanics completing nursing programs.

1. Licensed Practical Nursing

Data on gender and racial/ethnic representation in Florida's LPN programs were not available from State sources; therefore, NLN data are included here. With 35 licensed practical nursing programs reporting to the NLN in 1984, the State had male enrollments of 120, or 5.3 percent of total enrollments (Table 31). Enrollments for blacks were 384 or 17.1 percent while Hispanics had 64 or 2.8 percent of enrollments. In Florida, among reporting programs, there were 2,267 LPN graduates in 1983-84; of these, 6.5 percent or 147 were males, 13.2 percent, 300, were black, and 2.5 percent, 56, were Hispanic.

TABLE 31

PERCENTAGE COMPARISON OF MALE AND MINORITY ENROLLMENTS AND GRADUATIONS IN LPN PROGRAMS IN FLORIDA AND NATIONALLY, 1984

	ENROLLMENTS			GRADUATIONS		
	Male	Black	Hispanic	Male	Black	Hispanic
Florida	5.3%	17.1%	2.8%	6.5%	13.2%	2.5%
National	6.6%	15.2%	3.9%	5.2%	11.5%	2.8%

SOURCE: National League for Nursing, Nursing Data Review, 1986.

Examining male and racial/ethnic enrollments and graduations in general for Florida as compared to national figures, it appears from Table 31 that there was little difference in percentages for the groups in 1984. Males consistently held between five and six percent of enrollments and graduations in the State and nationally. Blacks had slightly higher percentages of enrollments and graduations in Florida as opposed to national figures; Hispanics maintained both enrollments and graduations nationally and in Florida at between two and four percent.

2. Registered Nursing

Diploma Program: Trends in enrollments and completions for males and racial/ethnic minorities in the diploma program are reflected in Tables 32 and 33. Enrollment of males in this program between 1983-84 and 1986-87 has declined both numerically and proportionally, dropping from 20 males to two over the four-year period. (See Table 32.) Enrollment among racial/ethnic groups was relatively stable as percentages of total enrollments; however, as total enrollments declined, numbers of blacks and Hispanics decreased. Approximately 50 percent fewer blacks were enrolled in 1986-87 than in 1983-84, and Hispanic enrollments in 1986-87 were 39 percent of the 1983-84 level although percentage representation remained almost the same during the period.

TABLE 32

ENROLLMENTS IN FLORIDA DIPLOMA PROGRAM BY GENDER AND RACE/ETHNICITY 1983-84 TO 1986-87

		MALE		BLACK		HISPANIC	
Year	Enrollments	Number	Percent	Number	Percent	Number	Percent
1983-84	190	20	10.5	31	16.3	44	23.2
1984-85	132	15	11.4	32	24.2	32	24.2
1985-86	69	5	7.2	14	20.3	18	26.1
1986-87	76	2	2.6	16	21.1	17	22.4

SOURCE: Department of Nursing Education, Jackson Memorial Hospital, 1987.

Available data shown in Table 33 on completions for males, blacks, and Hispanics shows that there was little change in the number of male and black graduates in the years given. The number of Hispanics graduating from the diploma program more than doubled, from 16 to 37, between 1983-84 and 1984-85 but declined to 21 in 1986-87.

TABLE 33

COMPLETIONS IN FLORIDA DIPLOMA PROGRAM BY GENDER AND RACE/ETHNICITY 1984-85 TO 1986-87

		MALE		BLACK		HISPANIC	
Year	Completions	Number	Percent	Number	Percent	Number	Percent
1984-85	123	N/A	--	19	15.4	16	13.0
1985-86	110	8	7.3	15	12.2	37	30.1
1986-87	77	9	11.7	16	20.8	21	27.3

SOURCE: Department of Nursing Education, Jackson Memorial Hospital, 1987.

Associate Degree Programs: Gender and racial/ethnic distributions are given in Tables 34 and 35 for enrollment and completion of associate degrees. Male representation remained relatively constant over the five-year period at about nine percent of enrollments; completions for males decreased from a high of 12 percent in 1981-82 to nine percent in 1985-86. Blacks also maintained stable proportions in associate degree enrollments although they experienced declines in numerical representation. Hispanics increased their representation gradually from three to five percent of total enrollments in ADN programs, but registered only very slight increases numerically, rising from 242 enrollees in 1981-82 to 251 in 1985-86.

Completions among the two racial/ethnic groups are less encouraging. Black completions peaked in 1982-83 at 190 students; the percentage of blacks completing the associate degree program was between five and eight percent during the five-year period. Hispanics experienced consistent declines in ADN completions, moving from 138 in 1981-82 to 77 in 1985-86. This corresponds to a range decreasing from six to three percent of all completions during the five years examined.

TABLE 34

ENROLLMENTS IN ASSOCIATE DEGREE NURSING PROGRAMS IN FLORIDA PUBLIC COMMUNITY COLLEGES BY GENDER AND RACE/ETHNICITY 1981-82 TO 1985-86

		MALE		BLACK		HISPANIC	
Year	Enrollment	Number	Percent	Number	Percent	Number	Percent
1981-82	7,390	640	9	635	9	242	3
1982-83	7,377	710	10	610	8	265	4
1983-84	7,202	680	9	622	9	300	4
1984-85	5,894	516	9	520	9	248	4
1985-86	5,418	482	9	527	10	251	5

SOURCE: State Board of Community Colleges, 1987.

TABLE 35

COMPLETIONS IN ASSOCIATE DEGREE NURSING PROGRAMS IN FLORIDA PUBLIC COMMUNITY COLLEGES BY GENDER AND RACE/ETHNICITY 1981-82 TO 1985-86

		MALE		BLACK		HISPANIC	
Year	Completions	Number	Percent	Number	Percent	Number	Percent
1981-82	2,190	271	12	148	7	138	6
1982-83	2,499	201	8	190	8	103	4
1983-84	2,530	220	9	144	6	76	3
1984-85	2,142	178	8	100	5	71	3
1985-86	2,096	182	9	123	6	77	4

SOURCE: State Board of Community Colleges, 1987.

Baccalaureate Degree Programs: Baccalaureate enrollments by racial/ethnic breakdown are presented in Table 36. Male representation between 1983-84 and 1985-86 was consistent at about five percent. Black representation varied by about one percentage point. Hispanic representation increased from 5.4 to 6.7 percent over the period studied. Hispanic representation also tended to increase numerically.

TABLE 36

BACCALAUREATE NURSING ENROLLMENTS IN FLORIDA BY RACE/ETHNICITY 1983-84 TO 1985-86[a]

Year	Total	MALE Number	Percent	BLACK Number	Percent	HISPANIC Number	Percent
1983-84	2,870	153	5.3	357	12.4	155	5.4
1984-85	3,286	174	5.3	377	11.5	210	6.4
1985-86	3,147	153	4.9	356	11.3	211	6.7

[a] Does not include Bethune-Cookman College, Pensacola Christian College, or University of Tampa.

SOURCE: Board of Regents and institutional reports, 1987.

Degree completion data by racial/ethnic groups are included in Table 37. Both males and blacks were awarded fewer baccalaureate degrees by the end of the three-years examined. Hispanics, on the other hand, have garnered a higher percentage of BSN degrees, increasing from 6.0 to 7.8 percent of the total during the three-year period.

TABLE 37

BACCALAUREATE DEGREES IN NURSING AWARDED IN FLORIDA BY GENDER AND RACE/ETHNICITY 1983-84 TO 1985-86[a]

Year	Total	MALE Number	Percent	BLACK Number	Percent	HISPANIC Number	Percent
1983-84	782	45	5.8	64	8.2	48	6.1
1984-85	1,006	49	4.9	66	6.6	60	6.0
1985-86	805	41	5.1	58	7.2	63	7.8

[a] Does not include Bethune-Cookman College, Pensacola Christian College, or University of Tampa.

SOURCE: Board of Regents and institutional reports, 1987.

In sum, male and minority participation in nursing baccalaureate program fluctuated during the period examined. While the number of males and the number of black nurses graduating at the baccalaureate level remained relatively constant, Hispanics increased their share of all baccalaureate degrees completed.

3. Graduate Programs

Master's Degree Programs: The breakdowns by male and racial/ethnic group participation in master's degree programs are contained in Tables 38 and 39. The vast majority of master's students are white females. As Table 38 shows, although the proportion of males enrolled fluctuated, numerical enrollments doubled from ten to 20 between 1983 and 1986. The number of black students in master's programs increased over fourfold between 1983 and 1986. Hispanic representation also demonstrated notable increases, growing from two students in 1983 to 15 in 1986.

Although numerically male and racial/ethnic minority program completion rates remained relatively constant between 1983 and 1986, their percentage of the total has declined since 1983 (see Table 39). As the number of entering males, blacks, and Hispanics in master's programs has increased, however, the number completing will be expected to reflect this growth. Nine black and two Hispanic students completed master's degrees between 1983 an 1986 at the four institutions granting degrees during this period.

TABLE 38

ENROLLMENTS BY GENDER AND RACE/ETHNICITY IN FLORIDA MASTER'S IN NURSING PROGRAMS FALL 1981 TO FALL 1986

		MALE		BLACK		HISPANIC	
Year	Total	Number	Percent	Number	Percent	Number	Percent
1983	341	10	2.9	7	2.1	2	0.6
1984	442	16	3.6	12	2.7	6	1.4
1985	474	13	2.7	12	2.5	8	1.7
1986	581	20	3.4	31	5.3	15	2.6

SOURCE: Institutional reports, 1987.

TABLE 39

COMPLETIONS BY GENDER AND RACE/ETHNICITY IN FLORIDA MASTER'S IN NURSING PROGRAMS FALL 1981 TO FALL 1986

		MALE		BLACK		HISPANIC	
Year	Total	Number	Percent	Number	Percent	Number	Percent
1983	36	3	8.3	2	5.3	0	0
1984	63	4	6.4	2	3.2	1	1.6
1985	81	3	3.6	0	0	0	0
1986	152	2	1.3	5	3.3	1	.7

SOURCE: Institutional reports, 1987.

Table 40 shows fall enrollment in both doctoral programs from 1984 to 1986 with male and minority representations. Enrollments are predominantly made up of white females with only one male in each of the last two years. Black representation increased from two to four students while male and Hispanic participation remained at one student.

TABLE 40

ENROLLMENTS IN DOCTORAL PROGRAMS IN FLORIDA
FALL 1984 TO FALL 1986

		MALE		BLACK		HISPANIC	
Year	Total	Number	Percent	Number	Percent	Number	Percent
1984	4	0	0	0	0	0	0
1985	26	1	3.8	2	7.7	1	3.8
1986	49	1	2.0	4	8.2	1	2.0

SOURCE: Institutional reports, 1987.

No male, black, or Hispanic has been awarded a degree from either doctoral program in the State.

V. NURSING MANPOWER

Much attention has focused in recent years on the supply and demand of practicing licensed practical and registered nurses. While health manpower forecasts in general have projected sufficient to excessive numbers of health care personnel for demand, nursing manpower may be experiencing very different trends. As pointed out earlier in this study, a number of social, political, demographic, economic, and professional forces impact on the nursing profession and more specifically on the supply and demand of registered and licensed nurses.

- Cost containment efforts instituted at federal and state levels have changed attitudes about health care practice and health manpower. Manpower needs reflect such general movements as variations in hospital utilization levels, greater numbers of health maintenance organizations (HMOs), increased ambulatory and home care requirements, the emergence of corporate hospitals, and fewer physicians practicing independently.

- Within the health-care delivery system, the prospective payment system operating since the early part of this decade has accentuated the demands placed on hospital and community-based nurses. Greater acuity in hospitals creates a demand for highly trained, competent clinicians; shorter hospital stays mean more intense home care and community nursing.

- Changes in the demographic characteristics especially of Florida, underscore the growing cultural and linguistic diversity of the population and the increasing proportion of the population in the 65-plus group.

- Competitive career alternatives for women have led prospective nurses into other professions where remuneration and working conditions are more attractive. Studies related to nurses indicate that factors such as personal preferences between work and leisure time, potential wage rates, family characteristics, age, and total household income are influential in decisions to persist in nurse employment.

- The tendency toward part-time study extends the length of time before students join the work force with a higher academic preparation. This is notable in the nursing profession where transitional programs, often reinforced by hospital tuition subsidies for working nurses, have been increasingly attractive to both LPNs moving towards an associate degree and registered nursing licensure as well as to RNs seeking the bachelor's degree.

A combination of these forces both external and internal to the profession have made it very difficult for health planners to accurately forecast the supply of and demand for active nurses nationally and locally. The manpower data and projections in this chapter represent the latest information available to provide supply and demand analyses for the nursing profession.

A. National Outlook

Registered Nurses - Two trends, among others in recent years, have influenced the supply and demand of nurses on the national level. First, employment sites for registered nurses have been changing. The U.S. Department of Health and Human Services reports that in 1984 an estimated 68 percent of all registered nurses worked in hospitals, an increase of about 20 percent over 1980 figures. Yet, in Florida the percent of RNs working in hospitals has decreased from 69.6 in 1983 to 65.6 in 1987. Nursing homes, community/public health and ambulatory care settings are employment sites registering growth in RN employment.

In addition to changing patterns in work sites among registered nurses, the supply of nurses is being affected by changes in enrollment and graduation rates. Enrollment reflect social conditions such as the shrinking pool of traditional college-age students and growing competition from the military, corporate systems, and the proprietary sector drawing students away from the postsecondary education system. The National League for Nursing's 1986 report indicates that RN enrollments as of October 1984 decreased by 5.3 percent over 1983. Table 41 shows that total enrollment trends between 1975 and 1984 in all basic RN programs gradually declined between 1975 and 1980, increased through 1983, and decreased again in 1984. A contrary pattern developed in graduations from RN programs with completion rates increasing steadily between 1974-75 and 1978-79, declining in 1979-80 and 1980-81, but ending in an upswing from 1980-81 to 1983-84. (See Table 42.) The number of degrees granted from RN programs increased between 1982-83 and 1983-84 by 3.6 percent.

TABLE 41

ENROLLMENTS IN PUBLIC AND PRIVATE RN PROGRAMS BY TYPE OF PROGRAM 1975 TO 1984

Nursing Programs	1975	1978	1981	1984
All programs	248,171	239,486	234,995	237,232
Baccalaureate	99,837	99,900	93,967	95,008
Associate	88,121	91,527	100,019	104,968
Diploma	60,213	48,059	41,009	37,256

SOURCE: National League for Nursing, Nursing Data Review, 1986.

TABLE 42

GRADUATIONS FROM PUBLIC AND PRIVATE BASIC RN PROGRAMS BY TYPE OF PROGRAM 1974-75 TO 1983-84

Nursing Programs	1974-75	1977-78	1980-81	1983-84
All Programs	73,915	77,874	73,985	80,312
Baccalaureate	20,170	24,187	24,370	23,718
Associate	32,183	36,556	36,712	44,394
Diploma	21,562	17,131	12,903	12,200

SOURCE: National League for Nursing, Nursing Data Review, 1986.

Indices useful in analyzing supply and demand issues are the percent of persons licensed in the professional actually employed in the profession and the ratio of professionals to the general population. Results from the U.S. Department of Health and Human Services' 1984 report displayed in Table 43 on the registered nurse population show that, based on a sample of nurses, 78.7 percent were employed in nursing. Nationally, 629 nurses were employed per 100,000 population. The figures for Florida nurses closely parallel those of the nation, with 78 percent of the nurses employed and 617 employed nurses per 100,000 population. In comparison with other South Atlantic states, Florida's nurse:population ratio was among the highest, with only Delaware, the District of Columbia, and North Carolina recording higher ratios.

The percentage of registered nurses employed in nursing as reported in 1984 shows a slight increase over 1980 when 76.6 percent were employed. The employed nurses per 100,000 population in 1980, however, was considerably lower with 560 estimated. Florida data in 1980 as compared to 1984 also reveals growth both in terms of the percent employed and the nurse:population ratio. In 1980, 71 percent of Florida registered nurses were employed in nursing and there were 452 nurses per 100,000 population.

Another indicator for manpower analyses is employment vacancies. Since hospitals employ the highest percentage of nurses over other employment sites, their employment vacancies are useful in manpower analyses. According to the 1986 Hospital Nursing Supply Survey carried out by the American Organization of Nurse Executives, a sample of hospitals throughout the country reported high nursing personnel vacancy rates. Member hospitals in particular reported that during one week in December 1986 approximately 13.6 percent of registered nurse full-time equivalent positions were vacant compared to 6.3 percent in 1985. About 83 percent of all hospitals surveyed reported having RN vacancies in 1986, whereas 65 percent had vacancies in 1985. Variations occurred among regions and hospital size and type. A smaller proportion of vacancies were reported in the West North Central, East South Central, and West South Central regions; large hospitals reported greater vacancy rates than small hospitals; and federal hospitals had fewer vacancies then non-federal institutions. The 1986 survey also found that a high percentage of the vacancies occurred in specialized units such as intensive or critical-care, which require advanced education and skills. Vacancy rates for LPN positions was 8.0 percent.

TABLE 43

REGISTERED NURSE POPULATION IN EACH STATE AND AREA BY ACTIVITY STATUS: NOVEMBER 1984

State and area	Total	Employed in nursing		Not employed in nursing		Employed nurses per 100,000 population[1]
		Number	Percent	Number	Percent	
United States	1,887,697	1,485,725	78.7	401,971	21.3	629
New England	158,044	119,914	75.9	38,130	24.1	953
Middle Atlantic	367,147	277,040	75.5	90,107	24.5	746
East North Central	345,202	277,280	80.3	67,922	19.7	667
West North Central	149,298	125,639	84.2	23,659	15.9	717
South Atlantic	289,857	227,724	78.6	62,133	21.4	577
Delaware	5,476	4,423	80.8	1,054	19.2	722
District of Columbia	10,114	9,465	93.6	649	6.4	1,519
FLORIDA	**86,816**	**67,722**	**78.0**	**19,094**	**22.0**	617
Georgia	36,304	29,365	80.9	6,939	19.1	503
Maryland	38,796	31,565	81.4	7,231	18.6	726
North Carolina	40,541	32,460	80.1	8,081	19.9	527
South Carolina	18,049	13,761	76.2	4,289	23.8	417
Virginia	40,222	28,477	70.8	11,745	29.2	505
West Virginia	13,538	10,485	77.5	3,052	22.5	537
East South Central	85,526	72,429	84.7	13,096	15.3	482
West South Central	145,661	113,518	77.9	32,143	22.1	435
Mountain	95,264	72,448	76.1	22,817	24.0	577
Pacific	251,697	199,734	79.4	51,964	20.7	584

[1] Population data were based on provisional estimates of resident population as of July 1, 1984 in the publication of U.S. Department of Commerce, Bureau of the Census, State Population Estimates, by Age and Components of Change: 1980 to 1984. Series P25, No. 970, Issued June 1985.

NOTE: Estimated number and percent may not add to total due to rounding.

SOURCE: U.S. Department of Health and Human Services, 1984.

National projections on nursing supply and demand have been prepared by the the U.S. Department of Health and Human Services (1986). In order to project supply of nurses, the federal report model incorporates data on the population of nurses, including all those with state licenses, the supply itself -- those employed or available for employment if sufficient positions are not available at the time being considered, and the full-time equivalent supply.

Table 44 summarizes full-time equivalent RN manpower requirements for 1990 and 2000 as forecast by the U.S. Department of Health and Human Services. The report concludes that there is no real imbalance between the potential available supply and the historical trend-based requirements projections for registered nurses. The criteria-based model, however, shows demand for RNs somewhat higher than potential supply.

TABLE 44

SUMMARY OF FULL-TIME EQUIVALENT REGISTERED NURSE MANPOWER REQUIREMENTS 1990 AND 2000

	1990	2000
Supply	1,454,000	1,750,000
Historical trend-based demand	1,414,000	1,683,000
Criteria-based demand (lower bound)	1,733,000	2,328,000

SOURCE: U.S. Department of Health and Human Services, 1986.

Table 45 examines supply and demand projections from the standpoint of academic preparation for 1990 and 2000.

TABLE 45

MANPOWER PROJECTIONS BY ACADEMIC PREPARATION 1990 AND 2000

Degree	1990	2000
Associate Degree/Diploma		
Supply	936,000	1,070,000
Demand	568,000	732,000
Baccalaureate		
Supply	413,000	510,000
Demand	803,000	1,080,000
Master's and Doctorate		
Supply	106,000	171,000
Demand	361,000	515,000

SOURCE: U.S. Department of Health and Human Services, 1986.

This summary reveals projected demand for full-time equivalent RNs with baccalaureate degrees to be about twice the projected supply for both years. For nurses with graduate degrees, the requirements are about three times higher than the projected supply.

In terms of employment site, both demand models forecast significant growth in need for nursing homes and community health. The report posits that the community health area, in particular, would have a direct influence on the number of nurses required with baccalaureate preparation in that it is the only type of program that prepares students to function in community settings as well as in institutional facilities.

Supply: In estimating supply, the federal model operates under the general assumption that there would not be any fundamental changes in the educational system preparing students for registered nurse licensure. It was assumed that the rate of decline in the number of diploma programs would increase, and it was assumed that the number of associate degree programs would continue to increase but at a declining rate. It was also assumed that the average number of admissions would increase somewhat. For baccalaureate programs it was assumed that interest in post-RN programs would continue to increase while interest in generic BSN programs would continue to wane as shown in Table 46. These assumptions would result in a net decline in the number of graduates from basic nursing programs, from 82,200 in 1983-84 to 66,400 in 1999-2000, a decline of 19.2 percent.

TABLE 46

PROJECTED NUMBER OF GRADUATES FROM BASIC NURSING PROGRAMS PREPARING REGISTERED NURSES BY TYPE OF PROGRAM ACADEMIC YEARS 1983-84 THROUGH 1999-2000

Academic Year	Total	Associate Degree	Diploma	Baccalaureate
1983-1984	82,200	43,800	13,800	24,600
1985-1986	78,700	45,000	11,600	22,100
1990-1991	73,900	45,900	9,000	19,000
1995-1996	68,700	45,100	7,100	16,500
1999-2000	66,400	44,400	6,000	16,000

SOURCE: U.S. Department of Health and Human Services, 1986.

Based on these and other assumptions, the report projects that the supply of RNs employed or available for employment by the end of 1990 would be 1,739,000 and by 2000, 2,079,000. (See Table 47). This represents a 63 percent increase over the estimated number of nurses in the 1980 Health and Human Services survey. As Table 47 reveals, there would be an anticipated 186,300 master's prepared nurses in the supply by the year 2000, more than twice the estimated 67,000 in 1980; the number of nurses with baccalaureate degree preparation would also be about double the 1980 number or 589,700. Associate degree nurses would number about 1,303,500, an increase of about 43.5 percent over the 1980 level.

TABLE 47

PROJECTIONS OF NATIONAL SUPPLY OF REGISTERED NURSES
1980, 1985, 1990, 1995, AND 2000

TOTAL NUMBER OF NURSES

As of December 31	Total RNs	AD & Diploma	Baccalaureate	Master's & doct.	RNs per 100,000 population[1]
1980	1,272,900	908,300	297,300	67,300	560
1985	1,504,300	1,025,200	391,300	87,900	628
1990	1,739,100	1,142,800	481,100	115,200	695
1995	1,932,100	1,237,600	546,200	148,300	743
2000	2,079,400	1,303,500	589,700	186,300	775

FULL-TIME EQUIVALENCIES

As of December 31	Total RNs	AD & Diploma	Baccalaureate	Master's & doct.	RNs per 100,000 population[1]
1980	1,068,000	747,300	259,200	61,600	470
1985	1,257,400	839,500	337,700	80,200	524
1990	1,454,100	935,900	412,600	105,600	581
1995	1,620,300	1,015,200	469,200	135,900	623
2000	1,750,300	1,069,600	509,700	171,100	652

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[1] Population data used for computation of nurse-population ratios are based on projections from the Bureau of the Census, U.S. Department of Commerce as reported in Illustrative Projections of State Populations by Age, Race, and Sex: 1975-2000, Series P-25, No. 796, March 1979, and Projections of the Population of the United States by Age, Sex, and Race: 1983 to 2080. Series P-25, No. 952, May 1984.

SOURCE: U.S. Department of Health and Human Services, 1986.

Demand: In its manpower demand projections, the Department of Health and Human Services delineates forecasts based on two models; one an historical trend-based model and the other a criteria-based model. The historical trend-based model examines need according to the major sectors of the health care system in which these personnel are employed: community hospitals, all other hospitals, nursing homes, physicians' offices, community health, health maintenance organizations, nursing education, and the other miscellaneous settings as a group. Projections are based on trends in components of the population, provided services on a per capita basis (inpatient days, outpatient visits, etc.), and numbers of full-time equivalent registered and licensed practical nurses per unit of provided services. The criteria-based model considers the number and levels of educational preparation of nursing personnel needed to meet a particular set of health care goals. "Lower bound" criteria are those which all states can achieve by the specified date, while only some states will achieve "upper bound" criteria.

Under the **historical trend-based model**, modified by assumptions to reflect the effects of the full implementation of the Medicare prospective payment system, a total of 1,683,130 full-time equivalent nurses would be required by the year 2000. (See Table 48) This represents a 58 percent increase over the estimated requirement for 1980. As the Table indicates, requirement increases are expected in all practice areas, but very large increases are anticipated in nursing homes, community health, and physicians' offices and much smaller increases in hospitals and nursing education.

TABLE 48

PROJECTED REQUIREMENTS OF FULL-TIME EQUIVALENT REGISTERED NURSES FROM HISTORICAL TREND-BASED MODEL BY AREA OF PRACTICE AS OF DECEMBER 31, 1985 - 2000

Area of Practice	1985	1990	1995	2000
Total[1]	1,248,380	1,414,100	1,544,900	1,683,130
Hospital	791,930	835,500	854,810	871,740
Nursing Home	115,220	156,780	204,440	259,090
Nursing Education	43,400	44,890	46,390	50,320
Community Health	186,580	248,530	293,020	338,280
Physician's Office	68,340	82,230	96,250	109,550
Other	42,930	46,190	50,000	54,150

[1] Figures may not add to total due to rounding.

SOURCE: U.S. Department of Health and Human Services, 1986.

Requirements using **criteria-based** projections average 1,977,500 for full-time equivalent registered nurses. By the year 2000, the average projected is 2,643,000. A large increase is expected in the number of RNs needed between 1990 and 2000 in nursing homes and community health, but a much smaller increase is anticipated in hospitals, nursing education, and physician's ambulatory care.

As depicted in Table 49, about 33 percent of the RN positions, or 568,000 full-time-equivalent positions in 1990, would be for associate degree or diploma nurses, and about 46 percent or 803,000 for baccalaureate prepared nurses.

TABLE 49

PROJECTED REQUIREMENTS FOR FULL-TIME EQUIVALENT REGISTERED NURSES ACCORDING TO CRITERIA ESTABLISHED AS LOWER BOUND IN CRITERIA-BASED MODEL BY EDUCATION PREPARATION 1990 AND 2000

Year	Total	Associate/Diploma	Baccalaureate	Masters	Doctorate
1990	1,732,710	568,010	803,280	339,370	22,350
2000	2,327,080	732,100	1,079,880	479,430	35,910

SOURCE: U.S. Department of Health and Human Services, 1986.

Licensed Practical Nursing

Licensed practical nurse population information is available nationally only for 1983. The Department of Health and Human Services' report shows 69 percent of LPNs were employed as LPN nurses with 231 employed nurses per 100,000 population. Florida had a slightly higher employed percentage with 71 percent of LPN nurses employed in nursing; however, the nurse population ratio was somewhat lower than the national level with 224 employed nurses per 100,000 population. (See Table 50.)

TABLE 50

LICENSED PRACTICAL/VOCATIONAL NURSE POPULATION IN EACH STATE AND AREA BY ACTIVITY STATUS: NOVEMBER 1983

	Licensed practical nurse population					
		Employed as LP/VN		Not employed as LP/VN		Employed nurses per 100,000 population[1]
Geographic Area	Total	Number	Percent	Number	Percent	
United States	781,506	539,463	69.0	242,042	31.0	231
New England	46,333	33,004	71.2	13,329	28.2	264
Middle Atlantic	137,040	82,885	60.5	54,154	39.5	222
South Atlantic	121,494	86,872	71.5	34,622	28.5	224
Delaware	1,563	1,170	74.8	394	25.2	193
Dist. of Columbia	2,245	1,719	76.6	526	23.4	276
FLORIDA	**33,687**	**23,954**	**71.1**	**9,733**	**28.9**	**224**
Georgia	22,528	15,114	67.1	7,733	28.9	264
Maryland	10,215	6,770	66.3	3,445	33.7	158
North Carolina	17,962	13,310	74.1	4,652	25.9	219
South Carolina	9,200	7,042	76.5	2,158	23.5	216
Virginia	17,934	13,042	72.7	4,891	27.3	235
West Virginia	6,161	4,752	77.1	1,409	22.9	242
East South Central	56,050	41,598	74.2	14,452	25,8	278
West South Central	103,123	70,671	68.5	32,452	31.5	274
East North Central	135,561	94,979	70.1	40,582	29.9	229
West North Central	64,498	48,729	75.6	15,765	24.4	280
Mountain	32,882	21,386	65.0	11,496	35.0	173
Pacific	84,528	59,339	70.2	25,190	29.8	176

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[1] Population data used for computation of nurse-population ratios were based on estimates of resident population as of July 1, 1983 in the publication of U.S. Department of Commerce, Bureau of the Census, Estimates of the Population of States, by Age: July 1,1981 to 1983, Series P-25, No. 951, Issued May 1984.

SOURCE: U.S. Department of Health and Human Services, 1986.

Supply: As with the forecasts for registered nurses, the assumption was made that no fundamental change would occur in LPN education. However, it was also assumed that LPN enrollments would decline as more students opt for associate degree programs and preparation for RN licensure. Federal estimates project that the number of graduates from practical nursing programs will decrease from 40,000 in 1985-86 to 35,500 in 1999-2000. As Table 51 illustrates, the national supply of practical nurses is projected to reach 693,500 by 1990 and 859,200 by 2000. The nurse-to-population ratio also increases from 243 LPNs per 100,000 to 320 LPNs per 100,000.

TABLE 51

PROJECTIONS OF NATIONAL SUPPLY OF LICENSED PRACTICAL/VOCATIONAL NURSES 1985, 1990, 1995 AND 2000

As of December 31	Total number of nurses	Total nurses per 100,000 population[1]	Full-time equivalents (FTE)	FTE per 100,000 population[1]
1985	582,800	243	509,700	213
1990	693,500	277	608,000	242
1995	783,900	302	688,500	265
2000	859,200	320	755,800	282

[1] Population data used for computation of nurse-population ratios are developed by the Division of Nursing based on projections from the Bureau of the Census, U.S. Department of Commerce, as reported in Illustrative Projections of State Populations by Age, Race, and Sex: 1975-2000, Series P-25, No. 796, March 1979, and Projections of the Population of the United States by Age, Sex, and Race: 1983 to 2080, Series P-25, No. 952, May 1984.

SOURCE: U.S. Department of Health and Human Services, 1986.

Demand: The Department of Health and Human Services projections as shown in Table 52 anticipate a 50 percent increase in need for LPNs between 1985 and 2000 under the historical model. As with registered nursing, significantly greater need is visualized in nursing homes, community health, and physicians' offices.

TABLE 52

PROJECTED REQUIREMENTS OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/VOCATIONAL NURSES FROM HISTORICAL TREND-BASED MODEL BY AREA OF PRACTICE AS OF DECEMBER 31, 1985 - 2000[1]

Area of Practice	1985	1990	1995	2000
Total[1]	480,000	526,700	619,790	719,500
Hospital	259,240	229,920	238,130	245,580
Nursing Home	124,260	175,580	234,940	301,180
Community Health	20,900	28,200	34,100	39,870
Physician's Office	51,960	69,960	89,310	109,010
Other	23,550	23,050	23,300	23,920

[1] Figures may not add to total due to rounding.

SOURCE: U.S. Department of Health and Human Services, 1986.

Using the criteria-based model, as illustrated in Table 53, there is little variation in upper bound needs between 1990 and 2000, but considerable difference in lower bound requirements over the same period.

TABLE 53

PROJECTED REQUIREMENTS FOR LICENSED PRACTICAL/VOCATIONAL NURSES UNDER THE CRITERIA-BASED MODEL 1990 AND 2000

	1990		2000	
	Upper	Lower	Upper	Lower
Total	437,840	320,670	493,610	422,660

SOURCE: U.S. Department of Health and Human Services, 1987.

Table 54 summarizes supply and demand information for licensed practical nurses for the years 1990 and 2000. Under the historical trend-based model, supply and demand will be relatively well balanced for both 1990 and 2000. Under the lower bound criteria-based model, however, projections indicate an excess of licensed practical nurses, especially by the year 2000.

TABLE 54

SUMMARY OF FULL-TIME EQUIVALENT LICENSED PRACTICAL NURSE MANPOWER REQUIREMENTS 1990 AND 2000

	1990	2000
Supply	693,500	859,200
Historical trend-based demand	526,700	719,560
Criteria-based demand (lower bound)	320,670	422,660

SOURCE: U.S. Department of Health and Human Services, 1986.

Manpower Summary

In summary, national RN projections forecast a balance between supply and demand under the historical trend model but a slight deficiency in supply under the criteria trend-based model, especially by the year 2000. Clear differences emerge, however, when supply and demand are examined on the basis of academic preparation. On the national level, a surplus is expected by 1990 and on into the year 2000 in RNs with an associate or diploma preparation. A contrary situation is anticipated for baccalaureate-prepared RNs. By 1990 and on into 2000, a shortfall of approximately 50 percent is projected for RNs with bachelor's degrees as demand exceeds supply. For nurses with masters and doctorate preparations, an even greater undersupply is expected as requirements exceed supply by three to one in 1990, increasing to five to one by the year 2000. It is apparent that registered nurse manpower projections that do not differentiate by degree preparation may present a misleading scenario of supply and demand in the nursing profession.

Licensed practical nursing manpower needs for the future do not appear to be a problem. One national model projects a balance in supply and demand while the other forecasts a 50 percent oversupply in available LPNs.

B. Florida Outlook

According to a report by the Department of Health and Rehabilitative Services, there are over 100,000 licensed active nurses in Florida, making them the largest group of licensed health professionals in the State. The Florida Department of Professional Regulation reports that for 1986 there were 82,631 active licensed registered nurses and 35,225 active licensed practical nurses (See Table 55).

The 1987 survey of licensed nurses conducted by the Department of Health and Rehabilitative Services is a primary source of available data on Florida nurses, and much of the following descriptive information is drawn from that report.

TABLE 55

LICENSED ACTIVE NURSES IN FLORIDA BY COUNTY 1986

COUNTY	NURSE PRACTITIONERS	REGISTERED NURSES	LICENSED PRACTICAL NURSES
Alachua	113	2,474	613
Baker	2	77	26
Bay	31	766	432
Bradford	2	79	45
Brevard	49	2,343	646
Broward	174	9,355	3,840
Calhoun	2	29	36
Charlotte	12	601	363
Citrus	9	383	224
Clay	17	780	222
Collier	5	740	464
Columbia	11	331	112
Dade	267	11,602	3,604
De Soto	3	115	103
Dixie	0	20	7
Duval	83	4,400	1,516
Escambia	40	1,979	1,286
Flagler	4	101	29
Franklin	1	23	23
Gadsden	4	159	128
Gilchrist	0	39	29
Glades	1	5	5
Gulf	1	34	32
Hamilton	0	21	17
Hardee	2	59	65
Hendry	3	83	55
Hernando	7	427	252
Highlands	3	326	253
Hillsborough	155	5,283	2,565
Holmes	1	46	49
Indian River	10	561	203
Jackson	11	198	204
Jefferson	0	35	30
Lafayette	0	10	16
Lake	11	688	535
Lee	59	2,247	947
Leon	59	1,261	475
Levy	2	84	78
Liberty	0	9	17
Madison	3	42	58
Manatee	8	1,448	729
Marion	28	955	313
Martin	24	642	205
Monroe	21	483	89
Nassau	5	171	65
Okaloosa	18	714	292
Okeechobee	10	86	77
Orange	80	4,118	2,068
Osceola	5	363	242
Palm Beach	133	5,667	1,870
Pasco	29	1,168	762
Pinellas	188	7,886	3,267
Polk	47	2,109	1,114
Putnam	7	185	147
Santa Rosa	18	534	295
Sarasota	41	2,384	1,242
Seminole	45	1,787	700
St. Johns	11	424	262
St. Lucie	12	709	340
Sumter	1	79	66
Suwannee	4	115	113
Taylor	1	42	49
Union	1	44	21
Volusia	45	2,517	1,112
Wakulla	2	31	25
Walton	5	77	77
Washington	1	78	79
STATE	1,947	82,631	35,225

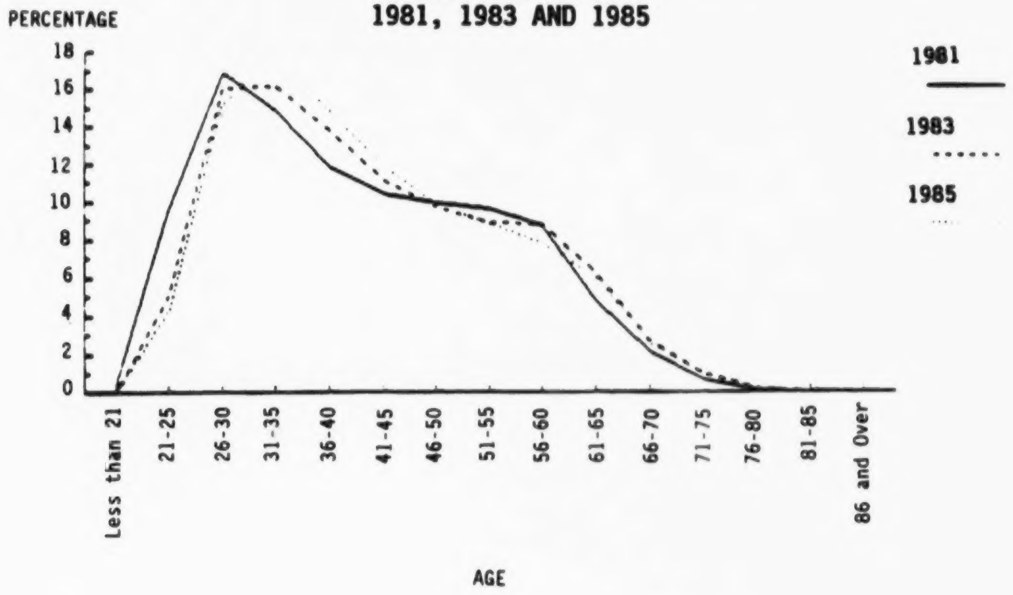
SOURCE: Florida Department of Professional Regulation, 1986.

Registered Nurses

Current Population: Based on responses to the HRS survey questionnaire, the average RN was described as 42 years old, female, white, married, and without children living at home. These demographic characteristics bear on supply. For example, Figure 6 from the report illustrates how the nursing workforce is aging. Whereas in 1981 the largest percentage of RNs was in the 26-30 age group, this had shifted by 1985 when the largest percentage was in the 31-35 age group.

FIGURE 6

DISTRIBUTION OF AGE AMONG FLORIDA'S REGISTERED NURSES 1981, 1983 AND 1985



SOURCE: Department of Health and Rehabilitative Services, Florida Health Manpower Reports: Nurses, 1986.

The report also chronicles a 135 percent increase in male representation between 1981 and 1985, but followed by a decline in 1987. (See Table 56.) However, black representation in the RN population has decreased somewhat since 1983. About seven percent of responding RNs in 1983 self-identified as black compared to 5.3 percent in 1987. In few counties did black nurses reach ten percent of the total RN population in 1987. Dade County at 14.5 percent Gadsden County at 11.5 percent, and Duval County at 10.6 percent had the highest proportions of black registered nurses. By ethnicity, in both 1985 and 1987 approximately four percent of the group was of Hispanic origin.

TABLE 56

PERCENT OF REGISTERED NURSE RESPONDENTS BY SEX 1981, 1983 AND 1985

	1981	1983	1985	1987
Female	97.4	95.5	93.9	94.7
Male	2.6	4.5	6.1	5.3

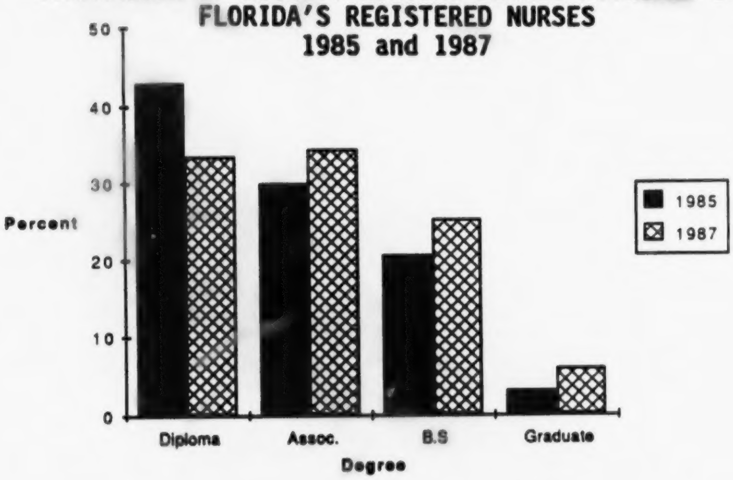
SOURCE: Department of Health and Rehabilitative Services, Florida Health Manpower Report: Nurses, 1986 and unpublished raw data, 1987.

The ratio of registered nurses per 10,000 persons varies around the State. In the 1986 Florida Health Care Atlas, the Department of Health and Rehabilitative Services reports that while the State average for RNs was 71.07 per 10,000 persons, the county ratios ranged from 7.33 in a number of counties to 137.69 in Alachua County.

In terms of educational preparation in 1987, almost equal numbers of RNs in Florida have an associate degree or a diploma as their highest degree. Figure 7 illustrates that 33.3 percent of the registered nurses in the survey reported possessing diplomas, and 25.0 percent had baccalaureate degrees; 34.1 percent had associate degrees. Among respondents, 5.8 percent had graduate degrees. In contrast, in 1985 42.7 percent of the respondents held the diploma, 20.5 percent held a baccalaureate degree, and 29.8 percent held an associate degree.

FIGURE 7

COMPARISON OF HIGHEST NURSING DEGREE ATTAINED BY FLORIDA'S REGISTERED NURSES 1985 and 1987



It is apparent, based on these survey results, that 67.4 percent of licensed RNs in Florida have less than a baccalaureate degree in 1987.

In 1987, 78.4 percent of RN respondents active in nursing indicated employment either part-time or full-time in nursing; 5.7 percent were employed in a non-nursing field. Of the unemployed RNs in 1987, 85 percent were not seeking employment.

As reported earlier, one indicator for nursing manpower supply and demand is position vacancy rate. In an August 1987 Florida Hospital Association survey of member institutions, 159 respondents or 59 percent of those surveyed reported 2,348 RN vacancies in one week of May 1987. Approximately 10.4 percent of RN full-time equivalent positions were vacant, compared with the December 1986 national vacancy rate of 13.6 percent. Regional vacancy rates ranged from a low of 8.9 percent in southwestern counties to 14.2 percent in Broward County. In contrast, the full-time equivalent vacancy rate reported for LPNs was 6.1 percent, with Broward again experiencing the highest rate at 14.8 percent.

In the following sections, supply and demand projections for Florida are summarized from the 1986 U.S. Department of Health and Human Services report and from a 1986 report issued by the Center for Health Policy Research of the University of Florida.

U.S. Department of Health and Human Services Projections

Projections contained in the national report forecast a supply of 83,200 RNs for the State by 1990 and 115,200 by the year 2000. In the 1987 survey of licensed registered nurses conducted by the Florida Department of Health and Rehabilitative Services, 86,824 RNs renewed licenses. Nonetheless, only 78.4 percent, or 68,028, are active in nursing and the full-time-equivalent calculation reduces this figure to 63,097 -- well below both the 1990 projected supply and demand.

As Table 57 reveals, the vast majority, about 75 percent of the RNs are expected to hold associate degree and diploma preparations in 1990, but this decreases somewhat to 73 percent in the year 2000. The percentage of RNs anticipated to have a baccalaureate degree is projected to increase slightly, from 21.9 percent to 23.2 percent.

TABLE 57

PROJECTED SUPPLY OF REGISTERED NURSES FOR FLORIDA BY EDUCATIONAL PREPARATION

	1990		2000	
	Number	Percent	Number	Percent
TOTAL:	83,200		115,200	
Associate Degree and Diploma	62,030	74.5	83,640	72.6
Baccalaureate Degree	18,260	21.9	26,750	23.2
Graduate Degrees	2,920	3.5	4,790	4.2
RNs per 100,000:	615		652	

SOURCE: U.S. Department of Health and Human Services, 1986.

As reported earlier, currently approximately 67 percent of licensed RNs in the State have less than a baccalaureate degree and the proportion of RNs with a baccalaureate degree has increased in two years from 20.5 to 25.0 percent. Should this trend toward completion of the baccalaureate continue, fewer RNs with diploma and associate degrees will form parts of the total supply.

Demand: Demand projections were made for Florida using both the historical trend-based model and the criteria-based model. Table 58 summarizes supply and demand information for 1990 and the year 2000.

TABLE 58

REGISTERED NURSE SUMMARY OF MANPOWER SUPPLY AND DEMAND FOR FLORIDA

	1990	2000
Supply	83,200	115,200
Historical trend-based demand	73,620	102,840
Criteria-based demand (lower bound)	76,180	106,360

SOURCE: U.S. Department of Health and Human Services, 1986.

As the table indicates, the supply of RNs in Florida is expected to exceed demand, whether calculated by the historical or criteria model. The report clearly points out, however, that quantitative descriptions of emerging health care settings are difficult at this point and demand estimates, especially under the historical-trend model, are approximate.

As indicated in the national manpower outlook summary, aggregate RN projections do not adequately distinguish among differentiated needs by academic preparation. Table 59 illustrates supply and demand projections made by the U.S. Department of Health and Human Services for preparations by diploma, associate degree, and baccalaureate degree.

TABLE 59

PROJECTED REQUIREMENTS FOR FULL-TIME EQUIVALENT REGISTERED NURSES IN FLORIDA ACCORDING TO THE CRITERIA-BASED MODEL (LOWER BOUND) BY EDUCATION PREPARATION 1990 AND 2000

	1990		2000	
	Number	Percent	Number	Percent
TOTAL:	76,180		106,360	
Associate Degree/Diploma	25,750	33.8%	32,680	30.7%
Baccalaureate	35,250	46.3%	50,950	48.0%
Masters	14,450	19.0%	21,530	20.2%
Doctorate	730	1.0%	1,200	1.1%

SOURCE: U.S. Department of Health and Human Services, 1986.

According to Table 59, the criteria-based demand model projects a total need of 76,180 registered nurses in 1990 and 106,360 in the year 2000. A comparison of the percentage distribution by education preparation shows a slight decrease in the percentage of RNs needed with an associate degree or diploma, from 33.8 percent to 30.7 percent, and a corresponding slight increase in RNs with the baccalaureate preparation, from 46.3 percent to 48.0 percent.

These projections assume a shift toward and growing demand for baccalaureate nurses. Based on the Florida nursing survey, the Department of Health and Rehabilitative Services found that in 1987, 21,706 of the State's RNs reported a baccalaureate degree as the highest degree attained. If the national study projections materialize, then by 1990 the demand for RNs with the four-year preparation will be 62 percent greater than what the supply is today.

Center for Health Policy Research Projections

In 1986 the Center for Health Policy Research at the University of Florida examined supply and requirements for nurses for the years 1990, 1995, 2000, and 2005. Supply calculations, based on a pool of active and inactive licensed nurses, included changes resulting from migration, new graduates, and mortality. Florida nonresidents were withdrawn from the pool. Demand calculations incorporated the assumption that employment rates in hospitals and nursing homes would remain unchanged for RNs and LPNs. To determine staffing requirements for the two employment sites, it was assumed that current utilization rates would continue. Also, the decrease in utilization rates since the prospective payment system went into effect in late 1983 was not incorporated into nursing demand calculations, which may have resulted in a considerable overestimation of RN supply. Table 60 reflects the Center's manpower projections for the period 1990 to 2005.

TABLE 60

MANPOWER SUPPLY AND DEMAND FOR REGISTERED NURSES
1990 TO 2005

Year	Low RN Supply	RN Requirements	Percent Surplus
1990	87,089	63,859	36%
1995	95,859	67,727	42%
2000	102,657	72,022	43%
2005	108,129	72,692	49%

SOURCE: Center for Health Policy Research, University of Florida, 1986.

As the Table indicates, a surplus of RNs is anticipated in each year projected. Between 1990 and 2005, the magnitude of the surplus is expected to increase, growing to 49 percent by 2005. The report suggests that considerable surpluses of RNs will develop if substantial number of nurses are not employed in sites other than hospitals and nursing homes in the future.

Summary: To summarize the Florida manpower situation for registered nurses, studies from both the U.S. Department of Health and Human Services and the University of Florida Center for Health Policy Research project a surplus of RNs over demand in 1990 and 2000. Both reports, however, are misleading as they used supply data from the early 1980s, a period when the number of degrees awarded and enrollments were high, and they do not reflect current trends of declining enrollments and accompanying diminishing number of nursing degrees awarded in associate and generic baccalaureate degree programs. A comparison of the current number of active licensed full-time-equivalent RNs with HHS projections and anticipated supply reveals that a large undersupply will develop by 1990. When data on the RN population are examined by academic preparation, it is also apparent that the requirements for baccalaureate degree RNs may exceed supply as the demand for graduates with a four-year preparation increases and the demand for two-year and diploma graduates decreases.

While reports show that the shortage of RNs is statewide, there are indications that the need for RNs in the southeastern portion of the State is high. According to 1985 population estimates, 25 percent of Florida's population resided in Dade and Broward counties; data from the Department of Professional Regulation show that in 1986, 25 percent of the State's licensed active RNs were located in those two counties. Deans and directors of nursing programs in the public and private postsecondary institutions serving these counties and nurse employers report shortages of registered nurses. Surveys conducted in 1987 by the Florida Hospital Association and Florida Health Care Association suggest there is high unmet demand for RNs within Broward and Dade counties. The FHA found hospital vacancy rates among respondents of 14.2 percent for Broward and 8.2 percent for Dade. The Health Care Association reported that of the nursing homes surveyed, 75 percent of those in Broward County and 79 percent in Dade County indicated difficulty recruiting RNs. The six nursing programs in the two counties graduate approximately 700 students annually from ADN, generic, and accelerated option baccalaureate programs. Not all of these graduates can be expected to pass the RN licensure examination or remain in the two-county area. Also, the demand for RNs in the southeastern portion of the State is projected to increase as population growth continues. Population estimates in 1985 were 7.5 percent higher in Dade and 10.5 percent higher in Broward than 1980 census figures.

Graduate Nurses

Nurses with post-baccalaureate education are prepared at the Advanced Registered Nurse Practitioner (ARNP), master's, or doctoral level. Limited manpower information is available on nurses with advanced preparations.

Advanced Registered Nurse Practitioner - The Florida Department of Professional Regulation reported that there were 2,313 ARNPs in the State in 1986. The Florida Health and Rehabilitative Services' nurse survey in 1985 found that among ARNPs, 50 percent were employed in hospitals, 11 percent in ambulatory clinics, and 10 percent in public health. Manpower projections for ARNPs are usually reflected in overall registered nursing projections and not available separately.

Master's and Doctoral Preparations - Nationally, since the mid-1970s, nursing has been marked by a proliferation of master's and doctoral programs. According to the National League for Nursing, the number of master's programs in nursing totaled 166 in 1984. This represents an increase of 23 percent since 1980. The number of doctoral programs also increased, from 22 in 1980 to 31 in 1984 -- 41 percent increase over five years.

In Florida, the number of master's programs has grown from three in 1983 to five in 1987, with a sixth under consideration. Concurrently, the supply of graduates with master's degrees increased from 36 in 1983-84 to 152 in 1986-87. Enrollments in the two new doctoral programs increased from four in 1984 to 49 in 1986. The first doctoral degree was granted in 1987.

The current supply reflected through the HRS nurse survey in 1987 is 5,036 nurses with master's and doctoral academic preparations. Projections for Florida from the U.S. Department of Health and Human Services forecast a high undersupply of nurses trained at the master's and doctoral levels by 1990 and 2000. The national study projects a demand of 15,180 nurses with advanced degrees, combining master's and doctoral degrees, in 1990 and 22,530 in the year 2000. Graduates from Florida master's programs alone should contribute in excess of 200 nurses annually at these academic levels by the turn of the century.

Licensed Practical Nurses

Current Population: The Health and Rehabilitative Services 1985 survey of the Florida nursing population describes the licensed practical nurse workforce as an older group of nurses with a median age of 40 years, white, and female. Approximately 76 percent of the State's LPN population responded to the survey; of these, 4.7 percent were male, 15.04 percent were black, and 2.04 percent were of another race. (See Figure 8.)

As with registered nurses, urban centers have larger concentrations of licensed practical nurses. Table 61 details the numbers of LPNs that responded by county with racial/ethnic breakdowns. Of the total 26,564 LPNs indicated, half are located in the seven counties of Broward, Dade, Hillsborough, Orange, Palm Beach, and Pinellas.

FIGURE 8

DISTRIBUTION OF FLORIDA'S LICENSED PRACTICAL NURSES ACCORDING TO RACE 1985

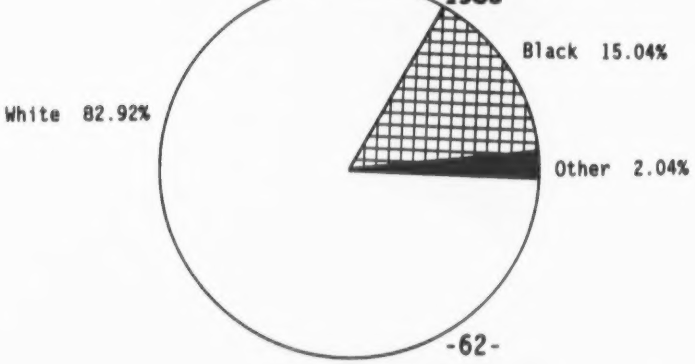


TABLE 61

DISTRIBUTIONS OF FLORIDA'S LICENSED PRACTICAL NURSES BY RACE AND COUNTY

1985

COUNTY	WHITE	BLACK	OTHER	TOTAL
Alachua	281	93	5	379
Baker	18	1	1	20
Bay	251	19	1	271
Bradford	27	2	0	29
Brevard	432	19	5	456
Broward	2,140	368	44	2,552
Calhoun	25	0	0	25
Charlotte	248	4	1	253
Citrus	144	1	1	146
Clay	161	11	5	177
Collier	294	9	4	307
Columbia	61	17	1	79
Dade	1,269	1,028	141	2,438
De Soto	56	7	0	63
Dixie	7	1	0	8
Duval	616	385	50	1,051
Escambia	747	198	17	962
Flagler	23	2	0	25
Franklin	12	4	0	16
Gadsden	49	39	1	88
Gilchrist	25	0	0	25
Glades	3	0	0	3
Gulf	20	0	0	20
Hamilton	7	2	0	9
Hardee	41	1	0	42
Hendry	23	10	2	35
Hernando	166	3	3	172
Highlands	159	12	3	174
Hillsborough	1,557	257	36	1,850
Holmes	33	2	0	35
Indian River	132	12	0	144
Jackson	134	16	0	150
Jefferson	18	8	0	26
Lafayette	9	1	0	10
Lake	319	20	2	341
Lee	625	34	4	663
Leon	223	78	4	305
Levy	43	6	2	51
Liberty	10	2	1	13
Madison	31	6	0	37
Manatee	497	37	1	535
Marion	188	40	0	228
Martin	129	6	1	136
Monroe	62	2	1	65
Nassau	39	6	0	45
Okaloosa	178	10	0	188
Okeechobee	49	0	0	49
Orange	1,145	215	28	1,388
Osceola	168	8	4	180
Palm Beach	1,132	105	21	1,258
Pasco	512	5	4	521
Pinellas	2,024	194	29	2,247
Polk	669	91	2	762
Putnam	97	14	0	111
Santa Rosa	164	19	0	183
Sarasota	184	33	4	221
Seminole	208	6	1	215
St. Johns	764	43	11	818
St. Lucie	441	52	3	496
Sumter	46	1	1	48
Suwannee	71	4	0	75
Taylor	28	6	0	34
Union	17	0	0	17
Volusia	690	109	4	803
Wakulla	16	1	0	17
Walton	42	3	0	45
Washington	52	6	1	59
Out-of-State	1,977	301	91	2,369
TOTAL	22,028	3,995	541	26,564

SOURCE: Florida Department of Health and Rehabilitative Services, Florida Health Manpower Report: Nurses, 1986.

The academic preparation of LPNs in Florida ranges from less than a high school degree to a baccalaureate degree or higher. As Table 62 shows, of the 13,106 who responded to this question on the survey, 10,976 or 83.7 percent held high school diplomas as the highest degree attained. The next largest group, 11.1 percent, had earned associate degrees.

TABLE 62

FLORIDA LICENSED PRACTICAL NURSES BY HIGHEST DEGREE ATTAINED
1985

Total	Less than High School	High School	Associate of Arts	Baccalaureate or Higher
238	8	196	27	7
841	24	712	88	17
6,843	161	5,743	791	148
4,395	155	3,698	446	96
542	22	436	65	19
89	0	73	14	2
28	2	17	9	0
15	0	13	2	0
115	7	88	12	8
13,106	379	10,976	1,454	297

SOURCE: Florida Department of Health and Rehabilitative Services, 1986.

Table 63 gives the distribution of licensed practical nurses by employment status in 1985. Of the survey respondents, 59 percent or 15,641 LPNs were employed as full-time nursing. Only 5.7 percent were employed in a non-nursing area.

As the Table shows, 14 percent (3,711) of 26,507 LPNs who responded to the Health and Rehabilitative Services survey reported that they were unemployed. Of these unemployed LPNs, 63 percent were not seeking employment.

Vacancy rates reported by the Florida Hospital Association survey of August 1987 revealed that among member hospitals there were 361 LPN vacancies, a full-time-equivalent (FTE) vacancy rate of 6.1 percent. As with the 14 percent vacancy rates reported for registered nurses in the same survey, regional variations occurred ranging from 2.0 percent to 14.8 percent. A similar survey in 1982 by the Association reported 607 LPN vacancies or an FTE rate of 6.7 percent.

Manpower Projections: U.S. Department of Health and Human Services' projections for supply and demand of LPNs in Florida are summarized in Table 64. These projections indicate that a large oversupply of LPNs may exist by the year 2000. As pointed out in the discussion of RN manpower projections, however, state-level data should be viewed with caution as they are subject to sizeable variances.

TABLE 63

DISTRIBUTION OF FLORIDA'S LICENSED PRACTICAL NURSES ACCORDING TO PRESENT EMPLOYMENT STATUS 1985

Employment Status	Frequency	Percent
Employed as a Full-time Nurse	15,641	59.0%
Employed as a Part-time Nurse	5,653	21.3%
Employed Full-time in a Non-Nursing Field	1,084	4.1%
Employed Part-time in a Non-Nursing Field	418	1.6%
Not Currently Employed	3,711	14.0%
Total	26,507	100.0%

SOURCE: Florida Department of Health and Rehabilitative Services, 1986.

TABLE 64

SUMMARY OF LICENSED PRACTICAL NURSE MANPOWER SUPPLY AND DEMAND FOR FLORIDA

	1990	2000
Supply	42,820	62,370
Criteria-based model demand (averaging upper and lower bound projections)	9,755	12,685
Historical trend-based model demand	26,200	39,380

SOURCE: U.S. Department of Health and Human Services, 1986.

In 1986 the Center for Health Policy Research of the University of Florida published supply and requirement forecasts for Florida licensed practical nurses. The results are summarized in Table 65. That report anticipated that LPN supply would increase only slightly while requirements would increase to a greater degree, creating a declining surplus, from 62 percent to 34 percent by the year 2005.

TABLE 65

SUMMARY OF FLORIDA LICENSED PRACTICAL NURSE MANPOWER SUPPLY AND DEMAND
1995-2005

Year	Low LPN Supply	LPN Requirements	Percent Surplus
1985	43,396	26,863	62%
1990	44,099	29,634	49%
1995	44,788	31,544	42%
2000	45,255	33,651	34%
2005	45,533	33,985	34%

SOURCE: Center for Health Policy Research, University of Florida, 1986.

In sum, projections for licensed practical nurses indicate that supply for the years 1990 and 2000 will be ample. As demand for more highly skilled baccalaureate prepared nurses increases, however, and cost containment strategies continue to be implemented throughout the health care system, manpower supply and requirements may undergo significant changes.

VI. ISSUES AND RECOMMENDATIONS

A. Florida Nursing Manpower Needs

A detailed discussion of nursing manpower both by type of licensure and by academic preparation was provided in the previous chapter. In brief, current data show that there is an unmet demand for nurses in Florida, especially RNs, while the supply of nurses is declining. Indications are that these supply and demand trends will continue, creating an even greater unmet need by the turn of the century. Projected need for registered nurses in Florida in 1990 surpasses 76,000; in 1987, approximately 68,000 RNs were active in nursing. Since many RNs work part-time, the full-time equivalent number of licensed active RNs is about 63,000. To meet requirements projected by 1990, the supply of RNs would need to increase by approximately 13,000 in the next two years. Some hospitals, in an effort to meet nursing needs, are reportedly recruiting nurses from overseas.

In addition to a general undersupply of registered nurses, information suggests that there are specific unmet needs for nurses in selected specialty areas and for nurses with higher academic preparations. Hospitals in the State report difficulty filling RN positions requiring specialty expertise for intensive and critical care, emergency and operating rooms, and medical surgical staffs. Also, national projections indicate an increasing need for registered nurses with a baccalaureate degree preparation. The 1987 nursing survey conducted by the Florida Department of Health and Rehabilitative Services found that 11,652 respondents plan to enroll in a bachelor's degree in nursing program within the next one to two years.

Programs leading to RN licensure are widely available in the State through public and independent institutions. Discussions with and testimony provided by nursing deans and directors reveal that many programs are not filled to capacity despite intensive recruiting being carried out by most institutions. There is little indication that qualified students seeking entry to nursing programs are being denied access due to lack of space. Furthermore, to keep enrollments up, many programs are having to dip deeper into the applicant pool resulting in matriculation of less qualified students, need for more remediation, and higher attrition rates.

While the Commission is cognizant of the need to increase the supply of nurses through formal educational programs, encouraging institutions to establish new RN programs would not be an appropriate approach. There is, however, a need to prepare for the increasing numbers of RNs with diploma and associate degrees wishing to enhance their careers through completion of the baccalaureate degree.

Recommendations:

1. **At the undergraduate level in registered nursing education, the State should give priority to existing RN programs. No new registered nurse programs should be established unless there is strong evidence of unmet student demand.**

2. **With the smaller pool of qualified applicants to nursing programs, caution should be exercised in selecting students in order to avoid raising students' expectations and investments in a course of study they may not be able to complete.**

The problem of undersupply will not be addressed through increasing the number of programs as most institutions already have programs and the supply of applicants is dwindling. The major issue confronting the State with regards to registered nurse supply is expansion of the pool of academically qualified students interested in enrolling in RN programs. Possible alternatives that the State and established nursing programs need to further explore include accelerated option programs, the licensed practical nursing pool, and other prospective student sources. The Commission makes the following recommendations to increase the supply of registered nurses.

Recommendations:

3. **The Commission reaffirms the fundamental roles of both the associate degree and basic baccalaureate nursing programs in providing quality preparation for registered nurse licensure.**

4. **To attract qualified individuals, colleges and universities should focus on developing alternative programs that provide quality preparation for registered nurse licensure.**

5. **Since the LPN population is a valuable pool of prospective registered nurses, institutions housing associate degree nursing programs and basic baccalaureate programs should strengthen collaborative efforts with licensed practical nursing programs to enhance the upward mobility of LPNs.**

6. **Nurse educators, in collaboration with health care agencies and professional associations, should accentuate recruitment strategies to attract individuals from nontraditional sources such as returning homemakers, persons seeking a career change, members of minority groups, and persons with academic degrees in other disciplines.**

A number of professional organizations and institutions have developed strategies to address image enhancement and recruitment to nursing. The Florida Nurses Association and other groups sponsored a nursing shortage forum. FNA initiatives also include an outreach program for middle and high school students and a Career and Recruitment Directory. The Florida Hospital Association, in conjunction with the Department of Education, is organizing a Health Job Fair, with emphasis on nurse recruitment, patterned after Florida teacher recruitment conventions. The Association also plans to establish and staff a Center for the Promotion of Nursing in Florida, an FHA Critical Care Task Force, and a Nursing Education Task Force. Among the projects these groups will develop are campaigns to attract potential nursing school enrollees to Florida's education system, evaluation of current and future manpower needs, and the formulation of strategies to meet those needs. The newly formed Commission on the Future of Nursing in Florida has as its goal the development of a plan to determine and meet the future nursing needs of

Florida citizens. The organization is currently planning a statewide project to update and reinforce the image of nursing. As a broad-based group with representation from the nursing profession, the health care industry, education, and government, the Commission on the Future of Nursing is in a unique leadership position to serve as the nucleus of a statewide organization to coordinate activities related to nursing issues. At the institutional level, hospitals in the Gainesville area are providing financial support for a student recruiter for Santa Fe Community College nursing program. Nursing programs in both public and private sectors throughout the State are developing recruiting materials, expanding reach out activities to high school and middle schools, and establishing linkages with other agencies and groups to broaden the pool of prospective students.

Recommendations:

7. **The Commission commends efforts by professional organizations and individual institutions to address the areas of nurse recruitment and retention. The Health Job Fair initiative should be monitored, and, if successful, be the first of a series of annual conventions designed to increase the supply of nurses in the State.**

8. **The Commission on the Future of Nursing should be recognized by representatives of public agencies, the health care industry, nurse educators, and professional nursing groups as a nucleus for the statewide coordination of initiatives concerning current and emerging nursing issues.**

9. **Health care associations, agencies and professional nursing associations in Florida should collaborate on a major campaign to help raise the level of respect accorded the profession, to promote recognition for education and experience, to improve salaries, and to promote optimal working conditions of nurses.**

As a result of increased media exposure on the benefits of nursing and initiatives to enhance the image of the profession, licensed nurses currently under inactive status due to voluntary or involuntary unemployment may be attracted back into practice. To encourage inactive nurses to return and to facilitate their reentry into the work force, transitional or refresher programs must be made available. Successful refresher programs have been held in some of the State's community colleges. During the last ten years, Florida Community College at Jacksonville has sponsored at least one program annually. Working together with three area hospitals, the College offers a 12-week course which includes 64 hours of theory and 141 hours of clinical practice. Students receive a certificate for participation. To alleviate the financial impact on educational institutions, nursing programs and hospitals may jointly qualify for funding from such sources as the Trust Fund for Postsecondary Cooperation and the Sunshine State Skills Act.

Recommendation:

10. **More nursing programs throughout the State, in coordination with area hospitals, should organize Refresher Programs. The**

Florida Department of Health and Rehabilitative Services, the Florida Nurses Association, and the Florida Hospital Association should collaborate with sponsors of these programs to disseminate information so that announcements on program availability reach targeted groups.

Another avenue to increase the supply of nurses is by increasing retention of practitioners in the work force through effective career ladders. Baccalaureate programs offer opportunities for increased professional responsibilities and challenges. Although interest in basic baccalaureate programs has declined, there is evidence of substantial demand for RN to BSN programs at locations and at times accessible to working nurses. The State should give priority to RN to BSN programs.

Recommendation:

11. **RN-to-BSN programs should be accessible to registered nurses in the State. Individual institutions, in considering approval or continuation of RN-to-BSN programs, should require that the programs be offered at sites and at times convenient to the schedules of employed RNs. The Board of Regents should continue to use the program review process to monitor compliance with program flexibility in the public sector to meet students' needs.**

In addition to the strong demand for registered nurses, there is a growing need for nurses prepared at the post-baccalaureate level. Manpower projections indicate that the State will experience inadequate supplies of nurses with advanced preparation, particularly at master's and doctoral levels. Projections from the national study by the U.S. Department of Health and Human Services suggest that Florida will experience a severe imbalance of master's and doctoral degree RNs by the year 1990 and continuing on into the year 2000. The study forecasts a demand for 15,180 master's and doctoral prepared registered nurses in 1990 and 22,530 in the year 2000. Data from the Florida HRS nursing survey show that only 5.8 percent of the respondents, or 5,036, currently hold a master's or doctoral degree.

In anticipation of the growing demand for nurses with advanced preparation, a number of new nursing master's and doctoral programs have been initiated within the last four years. The number of MSN graduates has risen from 36 in 1984 to 152 in 1986 and is expected to continue increasing as the newest programs move toward full implementation. The two doctoral programs initiated in recent years have also experienced increased enrollments. The graduate programs are geographically distributed to provide access throughout the State and are found in both public and private institutions.

Recommendations:

12. **Existing graduate programs are sufficient to supply nurses with advanced preparation for the immediate future. The supply of and demand for master's and doctoral nurses should continue to be carefully monitored, however, to assure that future needs are addressed.**

13. **Should need be substantiated for increasing the supply of graduate level prepared nurses through formal educational programs, primary consideration should be given to expanding existing programs and to increasing contracted spaces with independent institutions rather than to establishing new programs.**

14. **A needs assessment should be carried out by the Florida Department of Health and Rehabilitative Services in conjunction with the Florida Hospital Association, educators, home health care groups, and other employers to determine the specialty areas most in demand by employers of graduate nurses.**

B. Articulation and the Career Ladder

The State has made considerable progress in providing movement through educational programs at different levels and enhancing upward mobility of nurses. At the State level, the Nursing Coordination Task Force and the Statewide Course Numbering System have both contributed to nursing articulation. At the local level, public and independent institutions have collaborated to design and implement individual articulation agreements to meet the needs of those institutions and the students they serve. Many institutions are increasing their efforts to facilitate the entry of diploma and associate degree registered nurses into baccalaureate degree programs and of licensed practical nurses into associate degree programs. The joint articulation project developed among Manatee Community College, the University of South Florida, and Manatee and Sarasota Area Vocational Training Centers' LPN programs is a local initiative designed to enhance career mobility for both LPNs and RNs. Yet, many nursing students and practitioners are discouraged from entering higher education nursing programs when past experience and education are not fully recognized and credited toward advanced degrees. In addition to articulation agreements, neighboring institutions and employers may find that agreements on shared physical and human resources would be beneficial in coping with limited resources and increasing demands on nursing programs.

Recommendations:

15. **The Nursing Subcommittee of the Articulation Coordinating Committee should be reconvened to assess both existing statewide and institutional articulation agreements, identify problem areas experienced by students in the articulation process, and assist institutions in developing more satisfactory articulation agreements.**

16. **Nursing programs at the associate degree level should carefully plan curriculum in order to enhance articulation of coursework into baccalaureate programs.**

17. **Faculty in baccalaureate programs should continue to be sensitive to the special needs and backgrounds of returning RNs as transitional programs are designed and reviewed. Particular**

attention should be given to developing non-traditional programs designed to accommodate the working nurse.

C. Financial Assistance

Nursing students may qualify for a number of State and federal aid programs (see Appendix C). The Florida Center for Career Development, a unit within the Department of Education, constitutes a valuable resource on financial assistance available to Florida students. Through its Financial Aid Package, the Center has developed a combination of hardware and software materials providing complete information on over 2000 sources of aid. State financial assistance programs include Florida Student Assistance Grants, Florida Undergraduate Scholars' Fund, Guaranteed Student Loans, College Career Work Experience Program, and the Medical Education Tuition Reimbursement Program. The latter is a recently authorized program for students working toward medical or nursing degrees or licensure, advanced registered nurse practitioner status or physician assistant certification. A 1988-89 budget request of $139,000 was made for program administration and awards. The program will fund up to $10,000 per year or an amount equivalent to one-third of the total tuition paid by the recipient for health related training for up to three years, contingent on proof of practice in an underserved area of the State. Federal programs include Pell Grants, Supplemental Educational Opportunity Grants, College Work Study, and National Direct Student Loans. Individual institutions frequently offer additional financial support. The health care industry awards scholarships and tuition subsidies to prospective and licensed nurses. The Florida Hospital Association reports that in 1986, hospitals throughout the State contributed in excess of $10.2 million to nursing education.

The relationship between limited financial resources and decreasing numbers of nursing enrollees and graduations has not been documented. Nor is it apparent that nursing students experience greater financial hardship than students in other academic areas. Financial support is available to Florida nursing students in both public and private institutions, yet educators have indicated that economic pressures force students to withdraw from nursing programs, prolong total time to degree completion, or discourage individuals from initiating college study.

Recommendations:

18. **The Florida Center for Career Development, through the CHOICES system, should continue to expand its database on financial aid and career information for nursing students.**

19. **The Legislature should fund the Medical Education Tuition Reimbursement Program at the level requested by the Department of Health and Rehabilitative Services. Postsecondary institutions and health care agencies and organizations should promote awareness of the Medical Education Tuition Reimbursement Program both to attract individuals into nursing from underserved areas and to provide economic assistance to students.**

D. Entry to Practice

Although the entry to practice issue has been heatedly discussed nationally and locally, the topic has created far less controversy recently in Florida. In general, Florida health care organizations as well as nurses with varying academic preparations and types of licensure have jointly reaffirmed the continued recognition of diploma, associate degree, and baccalaureate degrees as credentials for entry to registered nursing practice.

Recommendation:

20. **Existing educational requirements for state licensure of licensed practical nurses and registered nurses should remain unchanged.**

E. Minority Participation

The participation of males, blacks, and Hispanics in nursing education continues to be low in comparison to their proportional representation in the State's population. Males and blacks, in particular, have shown only small gains in enrollments and degrees awarded. Conversely, Hispanics have registered larger increases, especially in the number of degrees completed from diploma and baccalaureate programs. Minority representation in associate degree programs has diminished, as enrollments and number of degrees granted have declined for both males and blacks; enrollments among Hispanics in the two-year institutions have stabilized but the number of degrees awarded has declined.

Recommendations:

21. **Nursing programs in the State should reexamine their recruiting and retention procedures to identify patterns that are detrimental to the success of male and racial/ethnic minorities in nursing education.**

22. **Nursing programs are encouraged to intensify recruitment at the high school level and to utilize funding sources such as College Reach-Out to aid in identifying, recruiting, and retaining prospective minority nursing students.**

23. **The Board of Regents, the State Board of Community Colleges, and the Division of Vocational, Adult, and Community Education should closely monitor the participation of males, blacks, and Hispanics in nursing education in order to provide financial and human resource support that will remove obstacles, be they academic or social, to minority representation.**

APPENDIX A

APPROVED NURSING PROGRAMS IN FLORIDA

FLORIDA BOARD OF NURSING
OFFICIAL LIST OF APPROVED PROGRAMS OF PROFESSIONAL NURSING IN FLORIDA

CODE* ASSOCIATE DEGREE

A 1. Brevard Community College, Associate Degree Nursing Program, 1519 Clearlake Road, Cocoa, FL. 32922
(Brevard) (305)632-1111 S.C. 361-2200

2. Broward Community College, Department of Nursing Technology (Broward)
A a) Central Campus - 3501 S.W. Davie Road, Ft. Lauderdale, FL. 33314
(305)475-6921 S.C. 469-6769
A b) North Campus - 1000 Coconut Creek Boulevard, Pompano Beach, Florida 33066
(305)973-2357 S.C. 495-2357
A c) South Campus - 7100 Pines Boulevard, Pembroke Pines, Florida 33024
(305)963-8850 S.C. 469-6500

A 3. Central Florida Community College, Department of Nursing, 3001 S.W. College Road (P.O.BOX 1388), Ocala,
FL. 32670 (Marion) (904)237-2111 S.C. 655-1274

4. Chipola Junior College, Associate Degree Nursing Program, College Avenue, Marianna, FL. 32446 (Jackson)
(904)526-2761 S.C. 776-1011

A 5. Daytona Beach Community College, Department of Associate Degree Nursing, 1200 Volusia Avenue, Daytona
Beach, FL. 32015-1111 (Volusia) (904)255-8131 S.C. 372-3111

6. Edison Community College, Associate Degree Nursing Program (Lee)
A a) Main Campus - 8099 College Parkway, S.W., Fort Myers, FL. 33907-5164
(813)489-9239 S.C. 724-1239
A b) Charlotte Center - 3596-J Tamiami Trail, Port Charlotte, FL. 33952-8299
(813)629-5898
A c) Collier Center - 2628 E. Tamiami Trail, Naples, FL. 33962
(813)774-7124

A 7. Florida Community College, Associate Degree Nursing Program, 4501 Capper Road, Jacksonville, FL. 32218
(Duval) (904)757-6281 S.C. 863-6281

8. Florida Keys Community College, Department of Nursing, 5901 W. Junior College Road, Key West,FL. 33040
(Monroe) (305)296-9081 S.C. 485-1247

A 9. Gulf Coast Community College, Associate Degree Nursing Program, 5230 W. Highway 98, Panama City,
FL. 32401 (Bay) (904)769-1551 S.C. 780-1011

10. Hillsborough Community College Nursing Program, P.O. Box 30030, Tampa, FL. 33630 (Hillsborough)
A a) Dale Mabry Campus - 4011 N. Lois Avenue, Tampa, Florida 33614
(813)879-7222 S.C. 553-1433
A b) Plant City Campus - 1206 N. Park Road, Plant City, Florida 33566
(813)754-1561

11. Indian River Community College, Associate Degree Nursing Program, 3209 Virginia Avenue, Ft. Pierce,
FL. 33454 (St.Lucie) (305)468-4700 S.C. 246-4700

A 12. Lake City Community College Nursing Program, Route 3, Box 7, Lake City, Florida 3e2055 (Columbia)
(904)752-1822 S.C. 840-1011

A 13. Lake-Sumter Community College, Associate Degree Nursing Program, 5900 S. Highway 441, Leesburg,
FL. 32788 (Lake) (904)787-3747 S.C. 649-1306

A 14. Manatee Junior College, Department of Nursing, 5840 - 26th Street W., Bradenton, FL. 33507 (Manatee)
(813)755-1511 S.C. 560-4272

A 15. Miami-Dade Community Coleige, Associate Degree Nursing Program, 950 N.W. 20th Street, Miami, FL. 33127
(Dade) (305)347-4150 S.C. 477-4150

A 16. Palm Beach Junior College, Department of Nursing, 4200 Congress Avenue, Lake Worth, FL. 33461 (Palm Beach)
(305)439-8092 S.C. 258-8092

A 17. Pasco-Hernando Community College, Assocaite Degree Nursing Program, 7025 Moon Lake Road, New Port Richey,
FL. 33553-1398 (Pasco) (813)847-2727 S.C. 528-7011

A 18. Pensacola Junior College, Department of Nursing, 5555 Highway 98 W.,Pensacola, FL. 32507 (Escambia)
(904)474-0120 S.C. 681-0111

A 19. Polk Community College, Department of Nursing, 999 Avenue "H", N.E., Winter Haven, FL. 33881 (Polk)
(813)297-1036 S.C. 1036

A 20. St. Petersburg Junior College, Division of Nursing, 7200 - 66th Street N., Pinellas Park, FL. 33565
(Pinellas) (P.O. Box 13489, St.Petersburg,FL. 33733) (813)341-3640 S.C. 532-3640

CODE*	ASSOCIATE DEGREE
A	21. Santa Fe Community College, Associate Degree Nursing Program, 3000 N.W. 83rd Street (P.O.Box 1530, Bldg. W-201), Gainesville, FL. 32606 (Alachua) (904)395-5703 S.C. 650-5703
A	22. Seminole Community College, Associate Degree Nursing Program, Highway 17-92, Sanford, FL.32771-6199 (Seminole) (305)323-1450 S.C. 353-1011
	23. Southern College of Seventh-Day Adventists, Division of Nursing, 711 Lake Estelle Drive, Orlando, FL. 32803 (Orlando) (305)898-5881
B	24. South Florida Community College, 600 West College Road, Avon Park, FL. 33825 (Highlands) (813)453-6661 S.C. 750-1127
A	25. Tallahassee Community College, Nursing Education Program, 444 Appleyeard Drive, Tallahassee, FL. 32304-2895 (Leon) (904)576-5181 S.C. 279-1255
A	26. Valencia Community College, Associate Degree Nursing Program, 1800 S. Kirkman Road, Orlando, FL. 32811 (P.O.Box 3028,Orlando,FL.32802-9961) (Orange) (305)299-5000 S.C. 339-1267

CODE*	BACCALAUREATE
C	1. Barry University, School of Nursing, 11300 N.E. 2nd Avenue, Miami Shores, FL. 33161 (Dade) (305)758-3392
C	2. Bethune-Cookman College Nursing Program, 640 Second Avenue, Daytona Beach, FL. 32015 (Volusia) (904)255-1401
	3. Florida A & M University, School of Nursing, P.O. Box 136-FAMU, Tallahassee, FL. 32307 (Leon) (904)599-3017 S.C. 286-3017
C	4. Florida Atlantic University, Division of Nursing, Boca Raton, FL. 33431-0991 (Palm Beach) (305)393-3206 S.C. 238-3000
C	5. Florida International University, School of Nursing, Bay Vista Campus, N.E. 151st St. & Biscayne Blvd., North Miami, FL. 33181 (Dade) (305)940-5915 S.C. 439-5915
C	6. Florida State University, School of Nursing, 202 S. Woodward Street, Tallahassee, FL. 32306-3051 (Leon) (904)644-3296 S.C. 284-3296
	7. Jacksonville University, School of Nursing, 2800 University Blvd. N., Jacksonville, FL. 32211 (Duval) (904)744-3950
	8. Pensacola Christian College, School of Nursing, 5415 Rawson Lane (Box 18000, Pensacola, FL. 32523-9160 (Escambia) (904)478-8480
C	9. University of Central Florida, College of Nursing, Alafaya Trail Hwy. 419 (P.O. Box 25000), Orlando, FL. 32816-0994 (Orange) (305)275-2744 S.C. 345-2744
C	10. University of Florida, College of Nursing, P.O. Box J-197 JHMHC, Gainesville, FL. 32610 (Alachua) (904)393-3751 S.C. 622-3751
C	11. University of Miami, School of Nursing, 1540 Corniche, (P.O.Box 248106) Coral Gables, FL. 33124 (Dade) (305)284-2830
	12. University of North Florida, 4567 St. John's Bluff Road, Jacksonville, FL. 32216 (Duval) (904)646-2684 S.C. 861-2684
C	13. University of South Florida, College of Nursing (Box 22 Med. Center) 12901 N. 30th Street, Tampa, FL. 33612 (Hillsborough) (813)974-2191 S.C. 574-2191

DIPLOMA

1. Jackson Memorial Hospital, School of Nursing, 1611 N.W. 12th Avenue, Miami, Florida 33136 (Dade)
(305)549-6641

*Code for Special Features of Professional Nursing Programs:
A - Offers a special placement option for practical nurses
B - Admits only qualified practical nurses to associate degree nursing program
C - Generic BSN programs which offer special options for registered nurses

2/87

FLORIDA BOARD OF NURSING
OFFICIAL LIST OF APPROVED PROGRAMS OF PRACTICAL NURSING IN FLORIDA

1. Brevard Community College, Practical Nursing Program, 1519 Clearlake Road, Cocoa, FL. 32922 (Brevard)
(305)632-1111 S.C. 361-2200
2. Broward County Practical Nursing Program, 701 S. Andrews Avenue, Ft. Lauderdale, FL. 33316 (Broward)
(305)524-8006
   a) Atlantic Vocational Technical Center, 4700 Coconut Creek Parkway, Coconut Creek, FL. 33066 (305)979-6218
   b) Sheridan Vocational Technical Center, 5400 Sheridan Street, Hollywood, Florida 33021 (305)963-8627
   c) McFatter Vocational Technical Center, 6500 Nova Drive, Davie, FL. 33317 (305)476-8324
3. Charlotte County School Board, Practical Nursing Program, 18300 Toledo Blade Blvd., Port Charlotte,
FL. 33948-3399 (Charlotte) (813)629-6819
4. Collier County Practical Nursing Program, 3702 Estey Avenue, North, Naples, Florida 33942 (Collier) (813)643-0919
5. Dade County Public Schools, Practical Nurse Training Program (Dade)
   a) Lindsey Hopkins Technical Education Center, 750 N.W. 20th Street, Miami, Florida 33127 (305)324-6070
   b) Miami-Lakes Technical Education Center, 5780 Northwest 158th Street, Miami Lakes, Florida 33014-6785
(305)557-1100
   c) Robert Morgan Vocational Technical Institute, 18180 S.W. 122nd Avenue, Miami, Florida 33177 (305)253-9920
6. Daytona Beach Community College, Department of Practical Nursing, 1200 Volusia Avenue, Daytona Beach,
FL. 32015-1111 (Volusia) (904)255-8131 S.C. 362-1011
7. DeSoto County School of Practical Nursing, 530 LaSolona Avenue, Arcadia, Florida 33821 (DeSoto) (813)494-4222
8. Florida Hospital School of Practical Nursing, 601 East Rollins Avenue, Orlando, FL. 32803 (Orange)
(305)896-6611
9. Florida Community College, Practical Nursing Program, 4501 Capper Road, Jacksonville, FL. 32218 (Duval)
(904)757-6281 S.C. 863-6281
10. Hillsborough County School of Practical Nursing, Erwin Voc. Tech. Center, 2010 E. Hillsborough Avenue, Tampa,
FL. 33610 (Hillsborough) (813)238-8631
11. Indian River Community College, Practical Nursing Program, 3209 Virginia Avenue, Ft. Pierce, FL. 33454
(St. Lucie) (305)464-4778 S.C. 466-4700
12. Lake County Area Vocational-Technical Center, School of Practical Nursing, 2001 Kurt Street, Eustis,
FL. 32726 (Lake) (904)357-8222
13. Lee County School of Practical Nursing, 3800 Michigan Avenue, Fort Myers, FL. 33901 (Lee) (813)334-4544
14. Lively Area Vocational-Technical Center, School of Practical Nursing, 500 North Appleyard Drive, Tallahassee,
FL. 32304 (Leon) (904)576-3181
15. Manatee Area Vocational Technical Center, School of Practical Nursing, 5603 - 34th Street, W.,Bradenton,
FL. 33507 (Manatee) (813)755-2641 S.C. 536-1341
16. Maynard A. Traviss Vocational Technical Center, Practical Nursing Program (P.O.Box 720), 3225 Winter Lake Rd.,
Eaton Park, FL. 33840 (Polk) (813)665-1220
17. Mercy Hospital School of Practical Nursing, 3663 South Miami Avenue, Miami, FL. 33133 (Dade) (305)285-2777
18. North Florida Junior College, Practical Nursing Program, Turner Davis Drive, Maidson, FL. 32340 (Madison)
(904)973-2288 S.C. 298-1134
19. Orlando Vocational Technical Center, Practical Nursing Program, 301 West Amelia Street, Orlando, FL. 32801
(Orange) (305)425-2756
20. Palm Beach County Practical Nursing Program, 1235 - 15th Street, West Palm Beach, FL. 33401 (Palm Beach)
(305)655-8407
   a) North Technical Education Center, 7071 Garden Road, Riviera Beach, FL. 333404 (305)848-0692
   b) South Technical Education Center, 1300 S.W. 30th Avenue, Boynton Beach, FL. 33435 (305)737-7400
   c) West Technical Education Center, 2625 State Road 715, Belle Glade, FL. 33430 (305)996-4930
21. Pasco County School of Practical Nursing, 7227 U.S. Hwy. 41, Land O'Lakes, Fl. 33539 (Pasco) (813)996-3600
   a) Adult Education East Center, 305 S. 14th Street, Dade City, FL. 33525 (904)567-2034
   b) Harry Schwettman Adult Education Center, 1510 South Boulevard, New Port Richey, FL. (813)842-5714
22. Pasco-Hernando Community College School of Practical Nursing, 11415 Ponce de Leon Blvd., Brooksville,
FL. 33512 (Hernando) (904)796-6726
23. Pensacola Junior College, Practical Nursing Program, 5555 West Highway 98, Pensacola, FL. 32507 (Escambia)
((04)474-0120 S.C. 681-0111
24. Pinellas Vocational-Technical Institute School of Practical Nursing, 6100 - 154th Avenue, N., Clearwater,
FL. 32520-2194 (Pinellas) (813)531-3531

25. St. Augustine Technical Center, Practical Nursing Program, (P.O.Box 500) Collins Avenue at DelMonte Drive,
St. Augustine, FL. 32084 (St. Johns) (904)824-4401
26. St. Petersburg Vocational Technical Institute, Practical Nursing Program 901 - 34th Street, South,
St. Petersburg, FL. 33711-2298 (Pinellas) (813)327-3671
27. Santa Fe Community College, Practical Nursing Program, 3000 N.w. 83rd Street, (P.O. Box 1530, Bldg. W-201),
Gainesville, FL. 32606 (Alachua) (904)395-5704
28. Sarasota County Vocational Technical School, Practical Nursing Program, 4748 Beneva Road, Sarasota,
FL. 34233 (Sarasota) (813)924-1365
29. Seminole Community College, School of Practical Nursing, Highway 17-92, Sanford, FL. 32771-6199 (Seminole)
(305)323-1450 S.C. 353-1011
30. South Florida Community College, Practical Nursing Program, 600 West College Drive, Avon Park, Fl. 33825
(Highlands) (813)453-661 S.C. 750-1127
31. Suwannee-Hamilton Area Vocational Technical & Adult Center, Practical Nursing Program, 415 S.W. Pinewood
Drive, Live Oak, FL. 32060 (Suwannee) (904)362-2252
32. Tom P. Haney Area Vocational-Technical Center, School of Practical Nursing, (P.O.Box 666),3016 Highway 77,
Panama City, FL. 32405 (Bay) (904)769-2191 S.C. 247-1011
33. Washington-Holmes Area Vocational-Technical Center, Practical Nursing Program, 209 Hoyt Street, Chipley,
FL. 32428 (Washington) (904)638-1180 S.C. 231-4123
34. Withlacoochee Vocational Technical & Adult Education Center, Practical Nursing Program, 1201 W. Main Street,
Inverness, FL. 32650-4696 (Citrus) (904)726-2430

APPENDIX B

BOARD OF NURSING RULES

RULES
OF THE
DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF NURSING
CHAPTER 21 O-7
NURSING PROGRAMS

21 O-7.001 Application for Accreditation for a Nursing Program (Repealed)
21 O-7.002 Survey and Accreditation of Nursing Program (Repealed)
21 O-7.003 Areas of Consideration in Accreditation (Repealed)
21 O-7.004 Student Employment (Repealed)
21 O-7.005 General Criteria for Evaluation of Nursing Programs (Repealed)
21 O-7.006 Specific Requirements for Professional Nursing Programs (Repealed)
21 O-7.007 Specific Requirements for Practical Nursing Programs (Repealed)
21 O-7.008 Approval of Programs (Repealed)
21 O-7.009 Provisional Approval (Repealed)
21 O-7.010 List (Repealed)
21 O-7.011 Supervision (Repealed)
21 O-7.012 thru 21 O-7.019 Reserved
21 O-7.020 Definitions
21 O-7.021 Certification for Approval
21 O-7.022 Student Employment
21 O-7.023 Educational Objectives
21 O-7.024 Faculty Qualifications
21 O-7.025 Curriculum Guidelines
21 O-7.026 Administrative Procedures
21 O-7.027 Clinical Training
21 O-7.028 Performance of Graduates on the Licensing Examination
21 O-7.029 Variance

21 O-7.001 through 21 O-7.011 Repealed.

21 O-7.012 through 21 O-7.019 Reserved.

21 O-7.020 Definitions.—

(1) Agency — an establishment or institution which provides health care to patients/clients.

(2) Clinical learning experience — faculty planned and supervised instruction of students during which students function in a nursing capacity with patients/clients.

(3) Facility — any establishment or institution in which students in an approved program obtain clinical learning or observational experiences.

(4) Observational experience — learning experience planned and directed by program faculty during which students do not provide care to patients/clients.

(5) Preceptor — for the purposes of these rules, a registered nurse currently licensed under F.S. Chapter 464 and who meets the requirements set forth in Rule 21 O-7.027(12)(b) and (c).

(6) Preceptorship — clinical experience in which a student practices under the direction of a preceptor and the supervision of program faculty.

(7) Supervision of students — responsible and appropriate direction of student activities by program faculty who assume liability for student practice.

(8) Unit — an identifiable section within a health care agency which has a prescribed organization and definitive boundaries.

Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 7-15-80, 11-22-84, Formerly 21 O-7.20, Amended 2-5-87.

21 O-7.021 Certification for Approval.—

(1) Provisional approval — Provisional approval will be granted to an institution to initiate a nursing program when it has presented documentation satisfactory to the Board that it meets the following requirements:

(a) Prior to admission of first class:

1. A director and sufficient faculty to conduct first level nursing courses shall be employed and in residence.

2. A total curriculum plan shall set forth all courses in the program and the sequence in which they will be presented.

3. Course outlines for first level courses shall be completed.

4. Contractual agreements with agencies to be used for clinical instruction for first level courses shall be in force.

5. Evidence of compliance with Rule 21 O-7.026 shall be demonstrated.

(b) Prior to admission of succeeding classes:

1. Sufficient faculty shall be employed and in residence to implement total program.

2. Course outlines for total curriculum shall be completed.

3. Contractual agreements with agencies to be used for clinical instruction in the total curriculum shall be in force.

4. Evidence of compliance with all rules in this rule chapter with the exception Rule 21 O-7.028 shall be demonstrated.

(c) Programs which have been granted provisional approval may be granted full approval when they have demonstrated they are in compliance with these rules and the licensure examination results of the first graduating class have met the standard as set forth in Rule 21 O-7.028.

(2) Approval — An institution seeking continued approval of a nursing program shall present documentation of compliance with these rules. Such documentation shall be presented upon request.

(3) Probationary status — An institution may be placed on probationary status when in the opinion of the Board the institution does not meet required standards to the extent that the preparation of qualified practitioners is adversely affected.

(a) Probationary status, if granted, shall be for a specified period of time as determined by the Board on an individual basis.

(b) The Board may rescind approval of any program on probationary status which fails to meet required standards or fails to make satisfactory progress for corrections of deficiencies within the time period outlined by the Board.

(4) Programs applying for approval shall meet required standards as outlined in Rule 21 O-7.021(1)(a).

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 21 O-7.21, Amended 3-6-87.

21 O-7.022 Student Employment.—A nursing student shall practice nursing as a student within the meaning of Chapter 464, F.S. only within the courses of an approved program in which the student is enrolled and under the supervision of program faculty.

Specific Authority 464.006 FS. Law Implemented 464.022(3) FS. History—New 7-15-80, Formerly 21 O-7.22.

21 O-7.023 Educational Objectives.—

(1) The faculty shall formulate and adopt educational objectives which ensure the curriculum guideline requirements specified in Rule 21 O-7.025 will be met. These objectives shall be based on a clearly stated philosophy which shall be in keeping with currently accepted social, educational and nursing standards and which is consistent with the philosophy of the institution of which the program is a part.

(2) Program objectives shall identify expected competencies of the beginning graduate of the program and serve as the basis of program development.

(3) Course objectives shall state expected behaviors of the student at the end of the course and serve as the basis for course development and student evaluation.

(4) Course objectives shall show direct relationship to program objectives.

(5) Objectives shall be reviewed periodically by faculty and revised if necessary.

Specific Authority 464.006 FS. Law Implemented 464.019(2) FS. History—New 7-15-80, Formerly 21 O-7.23.

21 O-7.024 Faculty Qualifications.—

(1) The director of any nursing program shall be a currently licensed (which may include practice under the terms of Rule 21-8.027, F.A.C.) registered nurse in Florida. Notification of the appointment must be submitted to the Board.

(a) The director of a professional nursing program shall have either a bachelor's degree in nursing plus a master's or doctoral degree in a related field or a master's or doctoral degree in nursing.

(b) The director of a practical nursing program appointed after the effective date of this rule shall have a minimum of a bachelor's degree in nursing or a related field. A director of a practical nursing program who was in the position as of 15 July 1980 and had not declared a degree must hold a minimum of a Three Post Standard Certificate or a Regular Certificate, Advanced Vocational Level of Training, issued by the Florida Department of Education.

(2) Each nurse faculty member shall be currently licensed to practice professional nursing in Florida (which shall include practice under the terms of Rule 21 O-8.027, F.A.C.).

(3) Greater than 50% of the nursing faculty in a professional program shall hold either a bachelor's degree in nursing plus a master's or doctoral degree in a related field or a master's or doctoral degree in nursing. Each nursing faculty member who does not meet this requirement shall have a bachelor's degree with a major in nursing and meet one of the following requirements:

(a) Have the equivalent of at least two years of full time experience in clinical practice as a registered nurse.

(b) Be actively engaged in studies leading to the next highest degree for which eligible. The degree must be in nursing or a related field.

(c) Have the equivalent of at least two full time academic years of experience as a teacher of nursing.

(d) Have current certification as an A.R.N.P. in Florida.

(4) Greater than 50% of the nursing faculty in a practical nursing program shall hold a bachelor's degree in nursing or a related field. Each faculty member who does not meet this requirement shall meet two of the following requirements:

(a) Have the equivalent of at least two years of fulltime experience in clinical practice as a registered nurse.

(b) Be actively engaged in studies leading to the next highest degree for which eligible. This degree must be in nursing or a related field.

(c) Have the equivalent of at least two fulltime academic years of experience as a teacher of nursing.

(d) Have current certification as an A.R.N.P. in Florida.

(5) Faculty members shall demonstrate evidence of professional growth through participation in continuing education, research and other related activities.

(6) It shall be the responsibility of the program to furnish current faculty information to the Department upon request.

(7) There shall be sufficient number of faculty to provide expertise and competency in the content of the program needed to produce competent graduates.

(8) A faculty member shall have clinical expertise and competence in the area in which he is serving as a clinical instructor.

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 21 O-7.24.

21 O-7.025 Curriculum Guidelines.—

(1) In order to ensure the preparation of nurses capable of competent practice, the curriculum shall:

(a) reflect the stated philosophy and objectives of the program.

(b) evidence an organized pattern of instruction consistent with principles of learning and sound educational practices.

(c) provide for systematic evaluation of student learning in both clinical experience and theoretical instruction.

(d) evidence ongoing program evaluation in relation to currency of content, competency of instruction, adequacy of clinical experiences and effectiveness of graduate performance.

(e) include clinical learning experience sufficient to develop nursing skills required for safe practice.

(2) Specific Requirements for Professional Nursing Programs

(a) Instruction shall include biological, physical, social and behavioral sciences.

(b) The curriculum shall include at a minimum:

1. theoretical instruction and clinical experience in medical, surgical, obstetric, pediatric, geriatric and psychiatric nursing.

2. theoretical instruction and clinical experience in both acute and long term care situations.

3. theoretical instruction and clinical application of nursing process, human growth and development through the life span, cultural diversity, community health concepts, pharmacology and administration of medications, nutrition, legal aspects of practice, interpersonal relationship and leadership skills, professional role and function, health teaching and counseling skills and current issues in nursing practice.

4. at the baccalaureate level, theoretical and clinical instruction in community health.

(c) The total curriculum shall provide that approximately the following percent of the program shall be in professional nursing:

1. Bachelor's degree program	40%
2. Associate degree or diploma program	50%

(d) The ratio of credit hours to clock hours of lecture, laboratory and clinical experience shall be specified for each nursing course. These ratios shall be consistent for all nursing courses and conform to institutional requirements.

(e) The total hours for graduation from the nursing program shall be consistent with those required for graduation from other programs of the institution.

(3) Specific Requirements for Practical Nursing Programs

The curriculum shall include:

(a) theoretical instruction and clinical experience in medical, surgical, obstetric, pediatric and geriatric nursing.

(b) theoretical instruction and clinical experience in both acute and long term care situations.

(c) theoretical instruction and clinical application of vocational role and function, personal, family and community health concepts, nutrition, human growth and development over the life span, body structure and function, interpersonal relationship skills, mental health concepts, pharmacology and administration of medications, legal aspects of practice and current issues in nursing.

(d) clinical experiences of at least 50% of the total program.

(4) Permission of the Board must be obtained before implementation of any of these changes:

(a) Number of credits or clock hours of theoretical or clinical instruction.

(b) Sequence of courses in the program.

(c) Number of courses included in the program.

(d) Major revision of the program curriculum.

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 21 O-7.25, Amended 2-5-87.

21 O-7.026 Administrative Procedures.—

(1) The structural plan of the nursing program shall be consistent with other educational units within the institution.

(2) There shall be an organizational plan which shows placement of the nursing program within the organization and demonstrates the lines of authority pertinent to the program.

(3) There shall be evidence that funds are allocated for provision of sound and effective total operation within the program.

(4) There shall be a faculty organization which makes provision for regularly scheduled and recorded meetings which provide for faculty involvement in the operation of the program.

(5) In the interest of the program and the community it serves, it is recommended that an advisory committee be appointed. Committee membership should be representative of the community and serve the program in an advisory capacity to assist in program development and interpretation to the community.

(6) Educational Facilities:

(a) The institution shall provide such classroom space, laboratories, equipment, library, office space, telephones for instructors and other space as necessary to implement and maintain the program.

(b) The library shall have holdings of sufficient pertinence, recency, level of content, and quantity as indicated by curriculum to meet the needs of nursing program students and faculty.

(c) Teaching materials shall include a variety of current audio-visual aids for both group and self-instructional use.

(7) Appropriate support personnel shall be provided to meet the needs for secretarial services of the faculty and director.

(8) Counseling services and remedial assistance should be available to students.

(9) Reports and Records

(a) The program shall maintain a system of records as prescribed by the controlling institution in terms of the needs of the program.

(b) Upon request of a student/graduate the institution shall furnish a copy of the college transcript or the student final record.

(c) A copy of the current school bulletin and/or program description shall be filed in the office of the Board.

(d) Additional reports as requested by the Board shall be completed and sent to the Board office.

(10) There shall be clear admission, transfer, readmission, promotion, and retention requirements and procedures which are available upon request.

(11) The director of the nursing program shall be given time apart from the classroom and clinical responsibilities sufficient to meet the administrative needs of the program.

(12) Permission of the Board must be obtained prior to increasing the number of students admitted per class and/or increasing the number of classes admitted per year.

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 21 O-7.26, Amended 2-5-87.

21 O-7.027 Clinical Training.—

(1) Clincial learning experiences shall be an integral part of the total curriculum plan and show relationship to concurrent theory.

(2) Clinical experiences based on program objectives may be planned so that the student shall gain clinical experience on all shifts within the twenty-four (24) hour period.

(3) The faculty shall select clinical experiences and provide students with effective guidance and supervision in clinical learning.

(4) Each student providing direct care to patients/clients in a health care agency shall be under the supervision of a faculty member. Faculty should be responsible for supervising students on no more than two units during one clinical instruction period.

(5) No more than twelve students shall be assigned to a faculty member for supervision in providing direct care to patients/clients for any one clinical instruction period.

(6) Faculty shall be physically present within the agency while students are engaged in providing direct care to patients/clients.

(7) Faculty shall be immediately available by telephone to students engaged in an observational experience or assigned to family-community health experiences.

(8) Clinical facilities utilized for clinical training by students of approved programs shall provide evidence satisfactory to the Board that they meet the following requirements:

(a) Current state licensure/certification.

(b) The director of nurses or person responsible for nursing services is a registered nurse currently licensed in Florida.

(c) The number and variety of patients are sufficient to meet clinical learning objectives of the nursing program.

(d) There is nursing personnel, sufficient in number, currently licensed and appropriately qualified, to ensure that patients receive safe and effective care at all times.

(e) There are written job descriptions for all categories of nursing personnel which are used as a basis for assigning responsibilities.

(f) Appropriate references and current practice and procedure manuals are available on the unit where students receive experience.

(9) Nursing programs shall seek prior approval from the Board for any clinical facility utilized for student clinical instruction.

(10) It shall be the responsibility of the nursing program to obtain and maintain current contractual agreements with each agency utilized for student clinical training to ensure that the nursing program can provide the appropriate clinical experiences necessary to fulfill the requirements of these rules.

(11) When more than one nursing program is using an agency for student clinical experience, there shall be written documentation of cooperative planning among the programs and the agency.

(12) Preceptorships may be included in a professional curriculum when they meet all the following requirements:

(a) Written objectives are specified and given to the preceptor prior to the experience.

(b) The preceptor is approved by the faculty of the program.

(c) The preceptor shall have clinical expertise and competence in the area where serving as a preceptor.

(d) The preceptor shall be physically present in the unit and available to the student at all times the student is performing in a nursing capacity with patients and clients.

(e) The preceptor shall be assigned no more than two (2) students for any preceptor experience.

(f) The student shall be enrolled in the course of the program in which the preceptor experience is a part and shall not be reimbursed for nursing services from the agency in which the experience is received.

(g) Each student shall have a designated program faculty member who supervises the student and is readily available to the student during the time the student is performing in a nursing capacity with patients and clients.

(h) The student shall have received clinical and theoretical instruction in all areas of nursing specified in Rule 21 O-7.025(2) prior to any preceptor experience.

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 21 O-7.27.

21 O-7.028 Performance of Graduates on the Licensing Examination.—Minimal acceptable performance for each graduating class on the licensing examination shall be determined by the Board. Board requirements shall not exceed the national average as published by the testing services of the National Council of State Boards of Nursing, Inc.

Specific Authority 464.006 FS. Law Implemented 464.019(2) FS. History—New 7-15-80, Formerly 21 O-7.28.

21 O-7.029 Variance.— No institution shall deviate from these rules unless it has received permission from the Board beforehand, and can show that the variance is necessary, appropriate, and is otherwise consistent with the purposes and application of this chapter.

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 11-22-84, Formerly 21 O-7.29.

RULES

OF THE

DEPARTMENT OF PROFESSIONAL REGULATION

BOARD OF NURSING

CHAPTER 21 O-8

REQUIREMENTS FOR LICENSURE

21 O-8.001 Qualifications of Applicant for Licensure (Repealed)
21 O-8.002 Filing of Application for License by Examination (Repealed)
21 O-8.003 Filing of Application for Registered Nurse or Licensed Practical Nurse Without Examination (by Endorsement) (Repealed)
21 O-8.004 Applicant from Another Country or Territory (Repealed)
21 O-8.005 Applicant Who Does Not Meet Qualifications (Repealed)
21 O-8.006 Administration of Licensing Examination (Repealed)
21 O-8.007 Practice of Nursing by Applicants for Examination and Retaking the Examination (Repealed)
21 O-8.008 Renewal of License (Repealed)
21 O-8.009 Evidence of Change of Name (Repealed)
21 O-8.010 Reinstatement of Terminated License (Repealed)
21 O-8.011 Replacement of Nursing Credential (Repealed)
21 O-8.012 Individual Registration (Repealed)
21 O-8.013 Written Examination, Subjects, and Passing Score (Repealed)
21 O-8.014 thru 21 O-8.019 Reserved
21 O-8.020 Definitions
21 O-8.021 Qualifications for Examination
21 O-8.022 Practice of Nursing by Applicant for Licensure by Examination
21 O-8.023 Written Examination; Subjects and Passing Score
21 O-8.024 Reexamination
21 O-8.025 Examination Review
21 O-8.026 Licensure by Endorsement
21 O-8.027 Practice of Nursing by Applicants for Licensure by Endorsement

21 O-8.001 through 21 O-8.013 Repealed.

21 O-8.014 through 21 O-8.019 Reserved.

21 O-8.020 Definitions.—

(1) Approved Programs — a nursing program conducted in a school, college or university which is approved by the Board pursuant to Section 464.019 (F.S.) for the education of nurses.

(2) Approved Program Equivalent — nursing program conducted in a school, college or university outside the State of Florida which has been approved by the Board of Nursing in the state in which it is located or which demonstrates that it meets the education criteria in these rules.

(3) Board — as used herein means Florida Board of Nursing.

(4) Department — as used herein means Departn of Professional Regulation.

(5) Direct Supervision — as used herein means physical presence within the patient care unit of a regist professional nurse who assumes legal responsibility fo nursing practice of the graduate or graduate practical n being supervised and who provides direction consultation for the nursing actions of such gradua graduate practical nurse. The Board may require per reports from the employer regarding the gradu performance.

(6) First examination for which eligible — as us these rules means the first nursing licensure examin which an applicant is eligible to take following compl of the requirements for graduation unless the applic unable to appear for that examination due to good such as illness, accident, or other inability as approv the Board.

(7) High School Diploma — a document establi that an applicant has graduated from a public high s or regionally accredited school or has graduated fr private school which can provide a transcript evide successful completion of the course of study and atten through the high school years.

(8) High school diploma equivalent —

(a) passing of the General Education develop test,

(b) graduation from a college or university,

(c) successful completion of a nursing lice examination,

(d) graduation from an approved school of nurs

(e) courses of study recognized by the Board as equivalent to a high school diploma in this country.

(9) Equivalent documentation of official transcript — as used in these rules may consist of a completed Commission on Graduates of Foreign Nursing Schools transcript form or records verified by the International Council of Nurses or licensing authorities of other states or countries.

(10) Practical Nursing Education Equivalen professional nursing courses of study, succes completed with a grade of "C" or better, which me standards of practical nursing education requi approved practical nursing programs in Florida. App seeking licensure as practical nurses on the ba professional nursing education are exempt fro graduation requirement for licensure.

(11) Proof of graduation — a certificate, di degree, official transcript, or other official document indicates that an applicant has met all education institutional requirements.

Specific Authority 464.006, 464.022(4) FS. Law Implemented 464 464.018(4), 464.022(4), 464.019 FS. History—New 4-27-80, Amende Formerly 21 O-8.20, Amended 3-3-87.

21 O-8.021 Qualifications for Examination.—

(1) An applicant seeking certification to t licensure examination shall submit, on forms prov

the Department, evidence that he or she meets the qualifications prescribed by the Nurse Practice Act, Chapter 464, F.S. Such evidence shall consist of:

(a) Certification by a physician, physician's assistant, or A.R.N.P., that the applicant is in good mental and physical health.

(b) A high school diploma, or a high school diploma equivalent.

(c) If graduated from an approved program in Florida, a notice of graduation or of completion of the requirements for graduation; if not, an official certified transcript from the applicant's program or equivalent documentation which specifically sets forth all courses successfully completed, the date of the applicant's graduation, and the degree, certificate or diploma awarded. Provided, however, if an applicant seeking to qualify to write the examination on the basis of education received in a country other than the United States can demonstrate a compelling reason why an official transcript cannot be obtained, the Board may accept, in lieu of this requirement, evidence that the required course content in nursing programs in the applicant's original country of licensure was substantially equivalent to that required in Florida at the time of the applicant's original licensure and one of the following:

1. A license or required registration to practice nursing in a country other than the United States;

2. Other official documents or instruments from the country of origin indicating that the applicant was licensed or eligible for licensure to practice nursing in that country.

(d) For an applicant writing the examination for practical nurses on the basis of practical nursing education equivalency, documentation from the professional nursing school which states the number of completed clock hours of theoretical and clinical instruction comparable to practical nursing program requirements as set forth in Rule Chapter 21 O-7 or an official certified transcript which sets forth graduation from an approved professional program.

(e) One of the following as proof of the ability to communicate in the English language:

1. Completion of an approved nursing program or its equivalent in the United States.

2. A minimum score of 500 on the TOEFL Examination, an attainment of level 4 on the Michigan Examination, or a passing score on an English comprehension examination administered by the Department.

3. Completion of a nursing program given in English in another country.

4. A passing score on a licensing examination which is given in English and meets the requirements of Rule 21 O-8.026(4) below; or

5. A certificate from the Commission on Graduates from Foreign Nursing Schools.

(2) If an applicant has been convicted of any offense other than minor traffic violation, the applicant shall submit arrest and court records stating the nature of the offense and final disposition of the case so that a determination can be made by the Board whether the offense relates to the practice of nursing or the ability to practice nursing.

(3) Documents in a foreign language must be accompanied by a certified translation in the English language.

(4) An applicant educated in a country other than the United States who is unable to meet the requirements of 21 O-8.021(1)(c) above, may qualify to write the examination upon satisfying the provisions of either (a) or (b) below:

(a) If the applicant has presented an official document verifying licensure or eligibility for licensure in another country, but there is limited or no information on nursing education in the original country of licensure, the applicant shall:

1. present substantial detailed information on the educational program attended, the courses of study, including theory and clinical experiences, and the practice of nursing following graduation. Such information may be required in writing and/or orally through interview.

2. Correct any deficiencies in education determined by the Board by successfully completing appropriate courses in an approved nursing program and by providing official documentation from the program setting forth the courses successfully completed.

(b) If the applicant has no official document verifying licensure or eligibility for licensure in another country, and there is limited or no information on nursing education in the original country of licensure, the applicant shall:

1. Prove licensure or eligibility for licensure in the absence of original documents. Proof shall consist of at least three affidavits from nurses with current Florida licensure who have personal knowledge of the applicant having been licensed as a nurse or having graduated from a program for the preparation of professional nurses in the country of origin or in another country.

2. Present substantial detailed information on the educational program attended, the courses of study, including theory and clinical experiences, and the practice of nursing following graduation. Such information may be required in writing and/or orally through interview.

3. If the Board determines that the evidence presented reasonably verifies the applicant's status as a nurse in another country the applicant must successfully complete a program approved by the Board which includes in the curriculum at least the following requirements:

a. Theoretical instruction and clinical experience in medical, surgical, obstetric, pediatric, geriatric, and psychiatric nursing. There shall be instruction and clinical experience in both acute and long term care situations.

b. Theoretical instruction and clinical application of nursing process, human growth and development through the life span, cultural diversity, community health, pharmacology and administration of medications, nutrition, legal aspects of practice, interpersonal relationship and leadership skills, professional role and function, health teaching and counseling skills and current issues in nursing practice.

The applicant must provide official documentation from the program setting forth the courses successfully completed and the date of completion of all program requirements.

(c) An applicant who satisfies paragraph (a) or (b) above may practice as an applicant for examination in accordance with Rule 21 O-8.022.

(5) The applicant shall notify the Board in writing of any change in the information provided on the application which occurs prior to licensure.

(6) The applicant must submit proof of graduation before the license will be issued.

Specific Authority 464.006 FS. Law Implemented 455.213(1), 464.008, 464.018(2)(a) FS. History—New 4-27-80, Amended 3-16-81, 7-12-81, 7-11-83, Formerly 21 O-8.21, Amended 3-3-87.

21 O-8.022 Practice of Nursing by Applicant for Licensure by Examination.—

(1) No applicant for licensure by examination will be permitted to practice nursing unless:

(a) The applicant has submitted the required application and fee to the Department for the first licensing examination for which eligible, and

(b) The applicant can produce evidence from the Department, to the employer that the applicant has been scheduled to write, or has written, the first examination for which eligible, and is eligible to practice nursing as a "graduate nurse, or graduate practical nurse," as set forth in Section 464.022(4), F.S.

(2) Any applicant who is a graduate nurse, or a graduate practical nurse, shall practice nursing only under the direct supervision of a registered professional nurse.

(3) An applicant who fails the first, or any subsequent examination, shall not practice nursing until such time as the applicant passes a nursing licensing examination. In the event such applicant successfully repeats and graduates from a second course of study in an approved nursing program, the applicant may be granted G.N. or G.P.N. status when reapplying to take the licensing examination. In the event such applicant successfully repeats and graduates from a second course of study in an approved nursing program, the applicant may be granted G.N. or G.P.N. status when reapplying to take the licensing examination.

(4) Any applicant who fails to appear for the first examination for which eligible without good cause, shall not practice nursing until such time as the applicant passes a licensing examination.

(5) An applicant who writes the practical nurse examination on the basis of practical nursing education equivalency prior to the completion of the professional program and fails the examination shall be eligible for Graduate Nurse status after meeting the requirements to write the first professional examination for which the applicant is eligible.

(6) An applicant who is eligible to write the professional examination but elects to write the practical examination on the basis of practical nursing education equivalency and fails the practical examination shall not be granted Graduate Nurse status at such time when the applicant applies to write the professional examination.

(7) An applicant who is eligible to write either the RN or LPN examination and applies to write both examinations shall be issued only one admission card which shall be valid for use as employment in graduate status. The admission card issued shall be valid only for the next scheduled examination. An applicant shall hold graduate status pending results of only one examination at a time.

Specific Authority 464.006 FS. Law Implemented 464.018(3),(4), 464.022(4) FS. History—New 4-27-80, Amended 3-16-81, 7-12-81, Formerly 21 O-8.22, Amended 3-3-87.

21 O-8.023 Written Examination: Subjects and Passing Score.—

(1) An applicant for licensure as a registered nurse by examination shall pass the National Council Licensure Examination for registered nurses which is a written examination which includes content in Medical Nursing, Surgical Nursing, Obstetrical Nursing, Psychiatric Nursing, and Nursing of Children. The passing score for an applicant seeking licensure as a registered nurse shall be 1600 standard score points on the total examination.

(2) An applicant for licensure as a licensed practical nurse by examination shall pass the National Council Licensure Examination for practical nurses which is a written examination which includes content in Medical Nursing, Surgical Nursing, Obstetrical Nursing, and Nursing of Children. Each question shall be weighted equally. The passing score for an applicant seeking licensure as a practical nurse shall be 350 standard score points on the total examination.

Specific Authority 464.006, 455.217(1)(b) FS. Law Implemented 464.006, 455.217(1)(b) FS. History—New 4-27-80, Amended 5-1-83, Formerly 21 O-8.23.

21 O-8.024 Reexamination.—An applicant may retake the examination if he fails, upon making reapplication and payment of the reexamination fee.

Specific Authority 464.006, 455.217(2) FS. Law Implemented 455.217(2) FS. History—New 4-27-80, Amended 5-1-83, Formerly 21 O-8.24.

21 O-8.025 Examination Review.—The National Council Licensure examinations for registered nurses or practical nurses may be reviewed upon request by an applicant who fails the examination and payment of the applicable fee to the National Council of State Boards of Nursing, Inc. An applicant who fails the examination may have his examination booklet hand-scored by the testing service for purposes of verification, upon written request and payment of the required fee to the National Council of State Boards of Nursing, Inc.

Specific Authority 464.006, 455.217(2) FS. Law Implemented 455.217(2) FS. History—New 4-27-80, Amended 5-1-83, Formerly 21 O-8.25, Amended 3-3-87.

21 O-8.026 Licensure by Endorsement.—

(1) A nurse who desires to be licensed to practice professional or practical nursing in Florida by endorsement must apply to the Department on prescribed forms and pay the required fee. Additionally, if the applicant has been convicted of any offense, other than a minor traffic violation, the applicant shall furnish court records stating the nature of the offense and the disposition of the case so that a determination may be made by the Board whether the conviction related to the practice of nursing or the ability to practice nursing. If the applicant has ever had disciplinary action taken against a license (including relinquishment or denial of licensure) in another state, territory, or country, he shall submit to the Board documentation pertaining to such action and its final disposition. This information is required even though the action may have been ultimately dismissed or the penalty already served.

(2) The Board specifically finds that no presumption shall arise as to equivalence or stringency of requirements or examinations of other states except as provided by this rule, and that a determination of equivalence or stringency shall be determined in the manner set forth.

(3) To apply for endorsement pursuant to Section 464.009(1)(a), F.S., an applicant shall be required to show that he is licensed in another state of the United States and to show what requirements were met at the time the license was issued. The Board will then determine in the following manner whether such requirements were equal to or more stringent than those imposed by Florida at that time:

(a) The Board will compare the requirements imposed upon and met by the applicant in the original state of licensure with the relevant statutes and rule governing licensure of nurses in effect in Florida at the time of such original licensure;

(b) A determination will then be made whether the applicant would have met the requirements for licensure to practice in Florida if the applicant had applied for licensure in Florida at the time of his licensure in the original state of licensure. If the applicant would not have qualified to practice in this state at that time, the application for licensure by endorsement shall be denied;

(c) If Florida law would have required an applicant to take the licensure examination had he applied in Florida at the time he was licensed in the state of original licensure, the following criteria will be applied to determine whether the examination in the original state was equivalent to or more stringent that that given in Florida;

1. The State Board Test Pool Examination for Professional Nurses given between 1951 and 1981 is deemed the equivalent of the Florida examination for registered

nurses, if the applicant passed the examination with a score of 350 in each subject, or with a total score of 1800.

2. The State Board Test Pool Examination for Practical Nurses given between 1952 and 1961 is deemed the equivalent of the Florida examination for practical nurses, if the applicant passed the examination with a score of 350.

3. Licensing examinations given in other states prior to 1951 for registered nurses and 1952 for practical nurses are deemed the equivalent of the examinations given in Florida.

4. Any other examination taken as a condition for state licensure since 1961, for registered nurses, or 1952, for practical nurses, is deemed to be equivalent to or more stringent than the examination given by Florida at the time if it meets these standards.

a. The examination is developed using accepted psychometric procedures;

b. The content and passing score of the examination are substantially equivalent to that of the examination given in Florida at the time.

c. The security of the examination is maintained.

d. At least one of the reliability estimations for the examination is 0.7 or higher.

e. The examination is revised after each administration to insure currency of content.

(4) To apply for endorsement pursuant to Section 464.009(1)(b) FS., an applicant shall meet all requirements for eligibility to take the licensure examination given by the Department, and have successfully completed the National Council Licensure Examination for registered nurses with a minimum score of 1600, or the National Council Licensure Examination for practical nurses with a minimum score of 350, or a state, regional, or national examination which meets the following minimum requirements of equivalence with the National Council Licensure Examination.

(a) The examination is developed using accepted psychometric procedures;

(b) The content and passing score of the examination are substantially equivalent to that of the National Council Licensure Examination.

(c) The security of the examination is maintained.

(d) At least one of the reliability estimations for the examination is 0.7 or higher.

(e) The examination is revised after each administration to insure currency of content.

(5) A person licensed in the Republic of Cuba prior to December 31, 1961, shall be presumed to have successfully completed an examination equivalent to the one given in Florida, and shall be eligible for licensure by endorsement when he or she has provided proof of licensure in Cuba and has successfully completed a program which is given in an institution of higher learning, is intended to assure current competency of the applicant, and is approved by the Board. An official document which verifies licensure in Cuba shall be acceptable proof. If the applicant has no official document verifying licensure in Cuba, the applicant may provide proof of actual licensure in the manner provided in Rule 21 O-8.021(4)(b)1. and 2.

Specific Authority 464.006, 464.009 FS. Law Implemented 464.009, 464.018(2)(a) FS. History—New 4-27-80, Amended 7-12-81, 7-11-83, 7-3-84, Formerly 21 O-8.22, Amended 3-3-87.

21 O-8.027 Practice of Nursing by Applicants for Licensure by Endorsement.—

(1) An applicant for licensure by endorsement holding a current license in another state may perform nursing services in Florida, and may use the applicable title "R.N." or "L.P.N.", for sixty (60) days after furnishing the employer the following:

(a) Evidence of current licensure in another state,

(b) Receipt from the Department verifying applicant has submitted proper endorsement form and fee.

(2) If a license by endorsement has not been issued within the sixty (60) day limit, the applicant shall contact the Board office for permission to continue working. The permit may be extended when verification from the other state of licensure has not been received by the Board within the sixty-day period, and otherwise, until acted upon by the Board.

(3) An applicant for licensure by endorsement awaiting the results from another state of the first licensing examination for which eligible may perform nursing services in Florida under the following conditions:

(a) The applicant provides evidence to the Board that such applicant has met the requirements for graduation or has graduated from an approved program or its equivalent and is scheduled to write, or has written, the first licensure examination for which eligible in another state.

(b) The applicant provides the employer with a receipt from the Department verifying that such applicant has submitted the proper endorsement form and fee, and a letter from the Department verifying eligibility to practice nursing as a "G.N." or "G.P.N."

(c) The applicant practices nursing under the direct supervision of a registered professional nurse.

(d) The applicant provides documentation of applicant's examination results, as soon as they are available to the employer. Applicants who write the examination in another state shall be endorsed upon receipt by the Board of written verification of successful examination results from the other state.

(e) An applicant who fails the examination shall not continue to practice nursing until such time as such applicant passes a licensing examination.

Specific Authority 464.006 FS. Law Implemented 464.009, 464.015(1),(2),(3),(4), 464.022(4),(8) FS. History—New 4-27-80, Amended 7-12-81, Formerly 21 O-8.27, Amended 3-3-87.

APPENDIX C

STATE AND FEDERAL AID PROGRAMS

STATE OF FLORIDA FINANCIAL AID PROGRAMS

PROGRAMS	DESCRIPTION AND VALUE	WHO MAY APPLY	HOW TO APPLY
FLORIDA STUDENT ASSISTANCE GRANT (FSAG)	Need based grant ranging from $200 to $1200 per academic year.	Full-time undergraduate students with financial need who are two year Florida residents attending an eligible Florida institution.	Submit either the FLORIDA Financial Aid Form (FAF) to CSS or the FLORIDA Family Financial Statement (FFS) to ACT indicating you wish to be considered for the FSAG. Your application must be received by ACT or CSS on or before April 15. These forms are available from your high school guidance office or the financial aid office at the institution you plan to attend.
FLORIDA TUITION VOUCHER (FTV)	An award to be used for tuition and fees at an eligible independent Florida college or university. Is not based on need. Up to $1100 per academic year.	Full-time undergraduate students who are two year Florida residents attending an eligible independent Florida college or university.	Applications are available from the financial aid office at the institution you plan to attend.
FLORIDA UNDERGRADUATE SCHOLARS' FUND	$2500 per academic year, however, Florida Academic Scholars' Certificate recipients who entered high school prior to July 1, 1987, and who obtain less than a 3.5 unweighted GPA on a 4.0 scale shall receive initial awards of $1000 or $1500.	Public and private high school seniors with outstanding academic achievement who will attend an eligible Florida institution. Must be a two-year Florida resident.	Applications are available from your high school principal or guidance counselor. Applications must be submitted to the Office of Student Financial Assistance, Florida Department of Education, between February 15 and April 1.
FLORIDA GRADUATE SCHOLARS' FUND	Scholarship for graduate study in areas of high technology and industry. $10,000 per academic year for a maximum of four semesters or six quarters.	Full-time graduate students enrolling at an eligible Florida institution for the first time after July 31, 1986, in a graduate program in engineering, information technology, biomedical technology or sciences, or other areas as identified by the Florida High Technology and Industry Council.	Applications are available from the financial aid office or the office of graduate admissions at participating institutions or the Office of Student Financial Assistance, Florida Department of Education, Tallahassee, Florida 32399. Applications must be received between February 15 and April 1. Awards are made on a first come, first served basis.
FLORIDA GUARANTEED STUDENT LOAN (FGSL)	A need based, low interest loan program providing up to $2625 per academic year for the first and second years of undergraduate study, up to $4000 per academic year for students who have completed the first two years of undergraduate study, and up to $7500 per academic year for graduate or professional students. Maximum of $17,250 for undergraduate study; $54,750 for graduate and undergraduate studies combined.	Students who are U.S. Citizens or permanent residents of the U.S. Enrolled or accepted for enrollment in a participating school at least half time. Cannot be in default on any student loan or owe a refund on a Grant or Scholarship.	Applications are available from lending institutions (banking, savings and loan, or credit union) or from the financial aid office at the institution you plan to attend.
FLORIDA AUXILIARY LOAN PROGRAMS PARENT LOANS FOR UNDERGRADUATE STUDENTS (PLUS) AND SUPPLEMENTAL LOANS FOR STUDENTS (SLS)	Parents may borrow for a dependent student under the PLUS Program. An independent undergraduate student and graduate and professional students may apply for a SLS. $4000 per academic year for each program. Maximum amount for each program is $20,000.	Students must meet the same requirements as students applying for GSL. Parents must be residents of Florida and borrowing for an eligible student attending a Florida school.	Applications are available from lending institutions (banking, savings and loan, or credit union) or from the financial aid office at the institution you plan to attend.
PUBLIC SCHOOL WORK EXPERIENCE PROGRAM (PSWEP)	Need based program providing students with employment as teacher aides or science laboratory assistants in a public elementary or secondary school. Amount of award varies according to financial need.	Undergraduate students with financial need who have completed at least 15 hours of coursework for academic credit and are enrolled at least half time at an eligible Florida institution. Must be a two-year Florida resident.	Applications are available from the financial aid office at the institution you plan to attend.
COLLEGE CAREER WORK EXPERIENCE PROGRAM (CCWEP)	Need based program providing off campus employment for students in jobs related to their declared major area of study or career interest. Amount of award varies according to financial need.	Undergraduate students with financial need who are two-year Florida residents enrolled at least half time at an eligible Florida institution.	Applications are available from the financial aid office at the institution you plan to attend.
"CHAPPIE" JAMES MOST PROMISING TEACHER SCHOLARSHIP LOAN PROGRAM	A scholarship loan program for public high school seniors who plan to pursue a teaching career in Florida. Up to $4000 per academic year.	Outstanding high school seniors attending public secondary schools who intend to enter the public school teaching profession in Florida. Must enroll full time at an eligible Florida institution. Loan is repaid by teaching service or cash.	Applications are available from your high school principal or guidance counselor. Submit your application to your principal by March 1.
TEACHER SCHOLARSHIP-LOAN PROGRAM	A scholarship loan program created to attract capable students to the teaching profession in critical teacher shortage areas. Up to $4000 per academic year for a maximum of two years.	Students admitted for upper division or graduate study in an approved teacher education program which leads to certification in a state-designated critical teacher shortage area. Loan is repaid by teaching service or cash.	Applications are available from the Office of Student Financial Assistance, Florida Department of Education, Tallahassee, Florida 32399, or the Dean of the College of Education at participating institutions. Application deadline is April 1.

MASTERS' FELLOWSHIP LOAN PROGRAM FOR TEACHERS	A fellowship loan program created to attract liberal arts graduates, science graduates, and mid-career returning students to teaching in Florida public schools. $6000 in addition to tuition and fees for up to two semesters or three quarters and one summer term.	Students admitted to an approved Masters' Program for Teachers at a participating Florida institution. Must intend to teach in a state designated high priority location school. Loan is repaid by teaching service or cash.	Applications are available from the financial aid office or the Dean of the School of Education at participating institutions or the Office of Student Financial Assistance, Florida Department of Education, Tallahassee, Florida 32399. Application deadline is June 30.
CRITICAL TEACHER SHORTAGE TUITION REIMBURSEMENT PROGRAM	A tuition reimbursement program created to encourage Florida teachers to become certified in, or gain a graduate degree in, a critical teacher shortage area. Up to $78 per credit hour for up to nine credit hours per academic year, for up to a total of thirty six credit hours.	Full time teachers certified to teach in Florida and currently teaching full time in the Florida public school system, who complete courses with a 3.0 or better grade point average to either acquire or renew certification or to complete a graduate degree in a state designated critical teacher shortage area.	Applications are available from the Office of Student Financial Assistance, Florida Department of Education, Tallahassee, Florida 32399. Apply each term before applicable deadline on application.
STUDENT LOAN FORGIVENESS PROGRAM	A loan forgiveness program created to attract qualified personnel to seek employment in Florida public schools in designated critical teacher shortage areas. Provides repayment of educational loans in return for teaching in a critical teacher shortage area. Up to $2500 per year for four years for teachers with undergraduate degrees or $5000 per year for up to two years for teachers with graduate degrees.	Certified Florida public school teachers teaching for the first time in a critical teacher shortage area. Applications shall be submitted by March 1 during the first 12 months under contract.	Applications are available from the Office of Student Financial Assistance, Florida Department of Education, Tallahassee, Florida 32399.
SEMINOLE/MICCOSUKEE INDIAN SCHOLARSHIP	Scholarships for Seminole and Miccosukee Indians of Florida. Amount of scholarship is determined by the respective tribe.	Florida Seminole and Miccosukee Indians enrolled as full time or part time undergraduate or graduate students at an eligible Florida institution.	Applications are available from the financial aid office at the institution you plan to attend or the Office of Student Financial Assistance, Florida Department of Education, Tallahassee, Florida 32399. Application deadline is September 1.
CONFEDERATE MEMORIAL SCHOLARSHIP	A scholarship for lineal descendants of Confederate soldiers and sailors. $150 per academic year.	Lineal descendants of Confederate soldiers and sailors enrolled as full time undergraduate students at a public Florida institution.	Applications are available from the financial aid office at the institution you plan to attend or the Office of Student Financial Assistance, Florida Department of Education, Tallahassee, Florida 32399. Application deadline is April 1.
SCHOLARSHIPS FOR CHILDREN OF DECEASED OR DISABLED VETERANS	Scholarship for dependent children of deceased or 100 percent disabled veterans or servicemen officially classified as "Prisoners of War" or "Missing in Action." The amount of tuition and fees per academic year.	Children of deceased or 100% disabled veterans, servicemen classified as POW's or MIA's, or veterans who became 100% disabled or died in the Iranian Rescue Mission for attendance at a public Florida institution. Must be a five year Florida resident.	Applications are available from the financial aid office at the institution you plan to attend or the Office of Student Financial Assistance, Florida Department of Education, Tallahassee, Florida 32399. Application deadline is April 1.
STUDENT REGENTS SCHOLARSHIP	Scholarships awarded to students who serve as student members of the Board of Regents. $5000 for one academic year.	Students who have served as student representatives on the Board of Regents.	Applications are available from the Office of Student Financial Assistance, Florida Department of Education, Knott Building, Tallahassee, Florida 32399.
VIRGIL HAWKINS FELLOWSHIP	Fellowships for minority students attending Florida State University and the University of Florida Law Schools. $5000 per academic year for a maximum of three years.	Minority students enrolled at Florida State University and the University of Florida Law Schools.	Applications are available from the Florida State University and the University of Florida Law Schools.
JOSE MARTI SCHOLARSHIP CHALLENGE GRANT FUND	A need based scholarship grant for Hispanic Americans. $2000 per academic year for a maximum of eight semesters or twelve quarters for undergraduate study or a maximum of four semesters or six quarters for graduate study. Available funds are contingent upon matching contributions from private sources.	Hispanic American students or students of Spanish culture with origins in Mexico, South America, Central America, or the Caribbean, enrolled as full time undergraduate or graduate students at an eligible institution. Must be a U.S. citizen or permanent resident, and a two-year Florida resident.	Applications are available from the Office of Student Financial Assistance, Florida Department of Education, Knott Building, Tallahassee, Florida 32399. Application deadline is April 1.
CHALLENGER ASTRONAUTS MEMORIAL SCHOLARSHIP PROGRAM	A scholarship for public high school seniors who plan to complete a major program of study in the liberal arts or to pursue a career in the teaching profession. $1000 per academic year for a maximum of eight semesters or twelve quarters.	Florida public high school seniors enrolling as first time in college students after August 1, 1987, at a state university or community college pursuing a liberal arts or teaching degree. Must be a two-year Florida resident.	Applications are available from your high school principal or guidance counselor. Application deadline is March 1.